DRUGS AND THERAPEUTICS COMMITTEE
FORMULARY

March, 2016

NOTES FOR USING THE FORMULARY:

Please use in conjunction with your 68th Edition British National Formulary (March, 2015-September, 2015) or the BNF online (http://www.bnf.org/bnf/index.htm) using the reference numbers and the current Local Clinical Policy booklet (red booklet).
Where there are no recommended drugs available from a BNF chapter then ‘None available’ will be stated. Consultants may request excluded products via the Drugs and Therapeutics Committee (DTC). Junior staff, please discuss non formulary drugs with your Ward Pharmacist.
This formulary is available as a shortcut on all computers within the Trust and within the Pharmacy section of TrustNet and the RSCH Hospital website (https://www.rsch.nhs.uk).

NICE (National Institute for Clinical Excellence)
All drugs which have been recommended by NICE are now available for prescription within the NHS to patients who fulfil the criteria which NICE have laid out for use of that drug. All such drugs are included within the Formulary under the relevant BNF section. The technology appraisal (TA) number is in brackets beside the entry. This outlines how the drug should be prescribed and should be used alongside local protocols for the disease state. In addition, a summary spreadsheet which outlines all of the TAs which are currently applicable is available at G:\Shared\TrustWide\Pharmacy\NICE TA adherence pdfs and on the Pharmacy page of the Trust Internet and Intranet sites.

SWITCH
Drugs subject to switch are marked in the formulary.
‘Switching’ allows clinical pharmacists to alter prescriptions (e.g. route IV to oral) without direct reference back to the prescriber, according to an approved DTC list.

RED AND AMBER MEDICINES
Where an ‘R’ appears in the right hand margin next to an entry, this denotes a ‘RED’ drug prescribable only in the hospital specialist setting and not for continuing care by the GP. AMBER drugs (A or A*) are initiated in the hospital by a specialist and may be continued by the GP. See Prescribing Policy, Surrey PCT.

ADVERSE REACTIONS TO DRUGS
There is limited experience in the use of products marked ▼ and ALL suspected adverse reactions should be reported. For further information and yellow reporting forms see BNF, or contact pharmacy

PAYMENT BY RESULTS EXCLUDED DRUGS
These are highlighted in Yellow in the formulary. Please check the following documents for detail:
- Appendix 1 - Payment by Results 2013/14 – Drug and Device Exclusions
- Appendix 2 - Chemotherapy Drugs – NHS Surrey Arrangements for funding 13/14

6-MONTH APPRAISALS
Some drugs are currently undergoing a 6-month appraisal prior to full formulary status being granted. A table showing these drugs is included at the end of the body of the formulary (i.e. just before the Appendices)
CHAPTER 1 - GASTRO-INTESTINAL SYSTEM

1.1 DYSPEPSIA AND GASTRO-OESOPHAGEAL REFLUX DISEASE
   Alu-Cap
   Co-magaldrox suspension
   MAGNESIUM TRISILICATE Mixture
   "Gaviscon Advance"
   "Gaviscon" Infant
   CISAPRIDE (unlicensed)

1.2 ANTI SPASMODICS AND OTHER DRUGS ALTERING GUT MOTILITY
   DICYCLOVERINE Tablets, Syrup
   HYOSCINE BUTYLBROMIDE
   MEBEVERINE Tablets, liquid and MR
   PROPANTHELINE BROMIDE
   PEPPERMINT OIL

1.3 ANTISECRETORY DRUGS AND MUCOSAL PROTECTANTS
   (Subject to switch)
   CIMETIDINE
   RANITIDINE
   SUCRALFATE
   MISOPROSTOL
   OMEPRAZOLE Capsules, Injection (1st line PPI)
   OMEPRAZOLE MUPS – paediatrics only
   OMEPRAZOLE SUSP – unlicensed special for tube fed paeds only
   LANSOPRAZOLE Capsules, Fast Tabs
   PANTOPRAZOLE Tablets, Injection

1.4 ACUTE DIARRHOEA
   1.4.1 Adsorbents and bulk-forming drugs
      KAOLIN Mixture
   1.4.2 Antimotility drugs
      CODEINE
      CO-PHENOTROPE
      LOPERAMIDE Capsule, syrup

1.5 CHRONIC BOWEL DISORDERS
   1.5.1 Aminosalicylates
      BALSALAZIDE (consultant only)
      MESALAZINE Tablets EC, M/R,
      Mezavant XL (Consultant Gastroenterologists only)
      SUPPOS, enema
      OLSALAZINE (consultant only)
      SULFASALAZINE
   1.5.2 Corticosteroids
      BUDESONIDE MR Capsules (not 1st line) (consultant only)
      HYDROCORTISONE (Colifoam)
      PREDNISOLONE Enema, Suppositories
   1.5.3 Drugs affecting immune response
      Infliximab in line with NICE TA 163 (GI Consultant only)
   1.5.4 Food allergy
      SODIUM CROMOGLICATE (Nalcrom)
1.6 LAXATIVES

1.6.1 Bulk-forming laxatives
ISPAGHULA HUSK "Fybogel" "Isogel"
METHYLCELLULOSE '450' Tablets
STERCULIA 62% Granules ‘Normacol’

1.6.2 Stimulant laxatives
BISACODYL
DANTRON Co-danthramer
DOCUSATE SODIUM Capsules, ‘Norgalax’ Microenema
GLYCEROL Suppositories
SENNA
SODIUM PICOSULFATE
as Picolax Sachets for bowel preparation and
elixir for laxative use

1.6.3 Faecal softeners
ARACHIS OIL Enema

1.6.4 Osmotic laxatives
MAGNESIUM SALTS
Magnesium Hydroxide Mixture
LACTULOSE Solution
MACROGOLS ‘Laxido Orange’ (Adults: for faecal impaction only)
‘Movicol paediatric plain’
PHOSPHATES (RECTAL) Enema

1.6.5 Bowel cleansing preparations
"Klean-Prep" "Picolax" or equiv

1.6.6 Peripheral opioid-receptor antagonists
METHYLNALTREXONE (Palliative Care consultant only) TA 277

1.6.7 5HT₄ receptor agonists
PRUCALOPRIDE TA211
LINACLOTIDE (Constella®)
LUBIPROSTONE (Amitza®) TA318

1.7 LOCAL PREPARATIONS FOR ANAL AND RECTAL DISORDERS
"Anusol"
"Anusol HC"
"Proctosedyl"
Oily Phenol 5%, 6% (unlicensed)
Glyceryl Trinitrate 0.4% rectal ointment
ditiazem 2% rectal ointment (unlicensed)

1.8 STOMA CARE
(Refer to stoma care nurse)

1.9 DRUGS AFFECTING INTESTINAL SECRETIONS

1.9.1 Drugs Affecting Biliary Composition and Flow
URSODEOXYCHOLIC ACID (consultant only) AMBER*
SECRETIN (unlicensed)

1.9.2 Bile Acid Sequestrants
COLESTYRAMINE

1.9.4 Pancreatin
Creon
Pancrex V
CHAPTER 2 - CARDIOVASCULAR SYSTEM

2.1 POSITIVE INOTROPIC DRUGS
2.1.1 Cardiac glycosides
   DIGOXIN

2.1.2 Phosphodiesterase type-3 inhibitors
   MILRINONE (consultant only)

2.2 DIURETICS
2.2.1 Thiazides and related diuretics
   BENDROFLUMETHIAZIDE (Bendrofluazide)
   CHLORTALIDONE
   CYCLOPENTHIAZIDE
   INDAPAMIDE
   METOLAZONE (5mg only)

2.2.2 Loop diuretics
   FUROSEMIDE (Frusemide)
   BUMETANIDE

2.2.3 Potassium-sparing diuretics and aldosterone antagonists
   AMILORIDE
   EPLERENONE (consultant cardiologist only) A*
   SPIRONOLACTONE (not combination products)

2.2.4 Potassium-sparing diuretics with other diuretics
   "Navispare"

2.2.6 None available

2.2.8 Diuretics with potassium - None available

2.3 ANTI-ARRHYTHMIC DRUGS
2.3.2 Drugs for arrhythmias
   ADENOSINE
   AMIODARONE A*
   DISOPYRAMIDE Capsules (not m/r) R
   DRONEDARONE (TA197) A*
   FLECAINIDE A*
   PROCAINAMIDE R
   PROPAFENONE (consultant only) A*
   LIDOCAINE

2.4 BETA-ADRENOCEPTOR BLOCKING DRUGS
   PROPRANOLOL
   ATENOLOL Tablets
   BISOPROLOL
   CARVEDILOL (consultant only)
   ESMOLOL (consultant cardiologist only)
   LABETALOL tablets, injection
   METOPROLOL Tablets, Injection
   NEBIVOLOL (consultant only)
   OXPRENOLOL
   SOTALOL (check licence)
2.5 HYPERTENSION and HEART FAILURE

2.5 Postural hypotension
Midodrine (consultant only)

2.5.1 Vasodilator antihypertensive drugs
DIAZOXIDE
HYDRALAZINE
SILDENAFIL ‘Revato’ (consultant ICU only)
SODIUM NITROPRUSSIDE
ILOPROST unlicensed inj (Consultant Rheumatologists only)

2.5.2 Centrally acting anti-hypertensive drugs
CLONIDINE Tablets, Injection
METHYLDOPA

2.5.3 Adrenergic neurone blocking drugs
GUANETHIDINE

2.5.4 Alpha adrenoceptor blocking drugs
DOXAZOSIN
PRAZOSIN
PHENOXYBENZAMINE
PHENTOLAMINE

2.5.5 Drugs affecting the renin-angiotensin system
(Not combination products)

2.5.5.1 ACE Inhibitors
CAPTOPRIL
FOSINOPRIL (Not 1st line)
LISINOPRIL
PERINDOPRIL (non-proprietary 2mg, 4mg, 8mg)
RAMIPRIL

2.5.5.2 Angiotensin–II receptor antagonist
LOSARTAN (1st line)
CANDESARTAN, TELMISARTAN, VALSARTAN

2.5.5.3 Renin inhibitors
ALISKIREN (consultant only)

2.6 NITRATES, CALCIUM-CHANNEL BLOCKERS AND OTHER ANTIANGINAL DRUGS

2.6.1 Nitrates
GLYCERYL TRINITRATE
Sublingual 500mcg tablets/400mcg spray, Buccal Suscard,
Infusion 1mg/ml, Patch (Apply 8am to 10pm)
Infusion also authorised for use to manage acute hypertension post stroke
ISOSORBIDE DINITRATE (8am, noon & 5pm)
Tablets 5mg, 10mg
ISOSORBIDE MONONITRATE (8am, 3pm)
Tablets 10mg, 20mg, 60mg m/r Monomax XL brand, (for stable once daily doses ONLY)

2.6.2 Calcium-channel blockers – (Not combination products)
AMLODIPINE
DILTIAZEM 60mg tablets, Diltiazem SR (Generic)
LERCANIDIPINE
NIFEDIPINE plain Capsules 5mg, 10mg
"Adalat Retard" "Adalat LA"
VERAPAMIL
2.6.3 Other antianginal drugs
IVABradine (TA267) A*
Nicorandil
Ranolazine Consultant Cardiologist only A

2.6.4 Peripheral vasodilators and related drugs
Cinnarizine
Naftridofuryl oxalate (TA223)
Iloprost (unlicensed) Consultant rheumatologists only R

2.7 Sympathomimetics
2.7.1 Inotropic sympathomimetics
Dobutamine
Dopamine
Dopexamine (ITU consultant only, max 6 hours and Goal Directed Therapy Pilot) R
Isoprenaline Injection only

2.8 Anticoagulants and Protamine
2.8.1 Parenteral anticoagulants
Argatroban (Exembol®) Only after discussion with haematology R
In line with NICE TA230: The following drug is included on our formulary for patients who have had a STEMI and are having a percutaneous coronary intervention:
- Bivalirudin
We do not manage this patient group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.
Dalteparin A* for patients who cannot tolerate, or have a contraindication to, warfarin or other oral anticoagulants but require further treatment for VTE
R all obstetrics/gynaecology patients, prophylaxis post hip/knee replacement and pre-operative bridging therapy
Enoxaparin – Second-line (TL allocation as for dalteparin)
Epoprostenol R
Fondaparinux (Not 1st line, consultant only) R
Heparin 1000U/ml: 1ml, 5ml, 10ml, 20ml
5000U/ml: 1ml R
Heparin flush 50units/5ml (for central lines only)

2.8.2 Oral anticoagulants
Apixaban (TA245 and TA275)
Dabigatran (TA249, TA157 and TA327)
Rivaroxaban (TA261, TA256, TA170, TA287, TA335)
Warfarin
Acenocoumarol (Nicoumalone)

2.8.3 Agents for reversal of anti-coagulants
Idarucizumab (Praxbind) R
Protamine R

2.9 Antiplatelet drugs
Aspirin 75mg plain and EC, suppositories (unlicensed)
Clopidogrel (TA210)
Dipyridamole (TA210)
Prasugrel (3rd line after Ticagrelor) (TA317) A
Tirofiban (consultant only) (TA47) R
Ticagrelor (Brilique®) (TA236) A

2.10 Stable Angina, Acute Coronary Syndromes & Fibrinolysis
2.10.2 Fibrinolytic drugs
ALTEPLASE (PE and stroke only) (TA264, TA122 and TA52)
STREPTOKINASE (TA52)
TENECTEPLASE (MI) (TA52)
UROKINASE (catheter occlusion only)
2.11 BLOOD-RELATED PRODUCTS
TRANEXAMIC ACID
DROTRECOGIN ALFA (consultant ICU only) R
EVICEL (consultant only) R
BLOOD PRODUCTS (contact haematology) R
PROTEIN C CONCENTRATE ▼ ‘BERIPLEX’ R

2.12 LIPID-REGULATING DRUGS (Statins subject to switch)
SIMVASTATIN (1st line) (TA94)
ATORVASTATIN (TA94)
PRAVASTATIN (TA94)
COLESEVELAM (consultant, cardiologist and investigational unit only) A*
COLESTYRAMINE
COLESTIPOL
EZETIMIBE (consultant investigation unit only) (TA132)
BEZAFIBRATE ("Mono" only)
“OMACOR” (consultant only)

2.13 LOCAL SCLEROSANTS
Fibro-Vein

2.14 DRUGS AFFECTING THE DUCTUS ARTERIOSUS
IBUPROFEN injection (Consultant paediatrician only) R
3.1 BRONCHODILATORS
3.1.1 Selective beta₂ agonists (TA38 and TA10)
   SALBUTAMOL Tablets, Syrup,
   Airomir, Salamol easibreathe, Ventolin evohaler
   TERBUTALINE
   SALMETEROL Serevent® Accuhaler, Evohaler

3.1.1.2 Other adrenoreceptors agonists
   EPHEDRINE

3.1.2 Antimuscarinic bronchodilators
   IPRATROPIUM BROMIDE
   TIOTROPIUM (consultant only) handihaler, Respimat

3.1.3 Theophylline
   THEOPHYLLINE
   "Nuelin" Liquid    "Nuelin SA"
   "Slo-Phyllin"    "Uniphyllin"
   AMINOPHYLLINE Injection
   "Phyllocontin" Tablets

3.1.4 Compound bronchodilator preparations
   "Combivent"

3.1.5 Peak flow meters, inhaler devices and nebulisers
   Peak flow meters (check with Chest Clinic, first)
   Inhaler devices (all devices available for products stocked)

3.2 CORTICOSTEROIDS (TA38 and TA10)
   BECLOMETASONE DIPROPIONATE MDI, generic (Clenil®),
   Qvar® (not equivalent to generic) (TA138 and TA131)
   BUDESONIDE, turbohaler, respules, “Symbicort®”, “Duoresp Spiromax”®
   (TA138 and TA131)
   FLUTICASONE (consultant only) Accuhaler, Evohaler, and the combination
   products: “Flutiform”, “Seretide”, “Fostair” and
   “Fostair NEXThaler” (TA138 and TA131)
   FLUTICASONE furoate 184 micrograms, VILANTEROL (as trifenate)
   22 micrograms/inhalation (Relvar Ellipta®)

3.3 CROMOGLICATE AND RELATED THERAPY AND LEUKOTRIENE RECEPTOR
   ANTAGONISTS
   SODIUM CROMOGLICATE
   NEDOCROMIL
   MONTELUKAST (consultant only)

3.4 ANTIHISTAMINES, HYPOSENSITISATION AND ALLERGIC EMERGENCIES
3.4.1 Antihistamines
   Non-sedating Antihistamines
   CETIRIZINE
   FEXOFENADINE
   Sedating Antihistamines
   ALIMEMAZINE (TRIMEPRAZINE)
   BROMPHENIRAMINE
   CHLORPHENAMINE
   CLEMASTINE
   CYPROHEPTADINE
   HYDROXYZINE
   PROMETHAZINE HCL
3.4.2 Allergen Immunotherapy
(Available only through consultant immunologist)
Pharmalgen (TA246) R
Grazax A*
SUBLINGUAL IMMUNOTHERAPY (Staloral®) R
OMALIZUMAB (TA339) Consultant Immunologist only R

In line with NICE TA-133: The following drug is included on our formulary for patients who have severe persistant allergic asthma:
• OMALIZUMAB (TA201 and TA133)

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Clinic

3.4.3 Allergic emergencies
ADRENALINE (rINN=EPINEPHRINE)
1:1000 Ampoules
1:10,000 Pre-filled Syringes
ADENALINE AUTOINJECTORS
(Epipen® and Epipen® junior - consultant only)

Hereditary Angioedema
C1-esterase inhibitor (consultant immunologist only) R

3.5 RESPIRATORY STIMULANTS & PULMONARY SURFACTANTS
3.5.2 Pulmonary Surfactants
PORACTANT (consultant only) R

3.7 MUCOLYTICS
CARBOCISTEINE
SALINE 3% nebs (Paediatrics only) R

In line with NICE TA-266: The following drug is included on our formulary for patients with cystic fibrosis
• MANNITOL dry powder for inhalation▼ (TA266)

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

3.9 COUGH PREPARATIONS
3.9.1 Cough suppressants
CODEINE PHOSPHATE Linctus (15 mg in 5ml)
PHOLCODINE Linctus, Sugar free & Strong Linctus

3.9.2 Expectorant and demulcent cough preparations
SIMPLE LINCTUS

3.10 SYSTEMIC NASAL DECONGESTANTS
"Dimotane Plus"
"Sudafed"
CHAPTER 4 - CENTRAL NERVOUS SYSTEM
(Others may be available to Neurologists, Pain Specialists and Psychiatrists)

4.1 HYPNOTICS AND ANXIOLYTICS
Benzodiazepines should NOT be prescribed for night sedation unless absolutely essential. If prescribed during hospital stay, they should NOT be prescribed as TTO unless needed as a regular Rx.

4.1.1 Hypnotics
NITRAZEPAM
TEMAZEPAM (CD)
CHLORAL HYDRATE
CLOMETHIAZOLE Caps
ZOPICLONE (TA77)
MELATONIN ‘circadin’(licenced) A
non-m/r/Liquid (unlicensed) R

4.1.2 Anxiolytics
BUSPIRONE (consultant psychiatrists only)
DIAZEPAM
CHLORDIAZEPoxide
LORAZEPAM

4.1.3 Barbiturates - None available

4.2 DRUGS USED IN PSYCHOSES AND RELATED DISORDERS
Should be initiated by psychiatrists only

4.2.1 Antipsychotic drugs
In line with NICE TA-213: The following drug is included on our formulary for young adults (15-17 year olds) who suffer from schizophrenia

- ARIPIPRAZOLE (TA213)

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

CHLORPROMAZINE (and see 4.6 below)
CLOzapine (named patient only)
HALOPERIDOL
LEVOMEPROMAZINE
PIMOZIDE (consultant psychiatrists only)
PROMAZINE
SULPRIDE
RISPERIDONE (consultant psychiatrists only)
TRIFLUOPERAZINE
ZUCLOPENTHIXOL
OLANZAPINE (consultant only)

4.2.2 Antipsychotic depot injections
for continuation therapy only

4.2.3 Antimanic drugs
LITHIUM “Priadel”
CARBAMAZEPINE
VALPORATE
4.3 **ANTIDEPRESSANT DRUGS**
Doctors must seek specialist advice before initiating anti-depressant treatment

4.3.1 **Tricyclics and related antidepressant drugs**
(NB: No combination products available RSCH)
- AMITRIPTYLINE
- CLOMIPRAMINE (consultant only)
- DOSULEPIN (DOTHIEPIN)
- IMIPRAMINE
- LOFEPRAMINE
- TRIMIPRAMINE (consultant psychiatrists only)
- TRAZADONE (consultant psychiatrists only)

4.3.2 **Monoamine-oxidase inhibitors (MAOI's)**
for continuation therapy only

4.3.3 **Selective serotonin re-uptake inhibitors**
- CITALOPRAM
- FLUOXETINE
- SERTRALINE

*In line with NICE TA-367: The following drug is included on our formulary for management of major depression*
- VORTIOXETINE (Brintellix®) (TA367)

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

4.3.4 **Other antidepressant drugs**
- VENLAFAXINE (not 1st line) (consultant only)
- MIRTAZEPINE (consultant only)
- REBOXETINE (consultant psychiatrists only)

4.4 **CNS STIMULANTS AND DRUGS USED FOR ADHD**
- ATOMOXETINE (consultant only, AMBER) (TA98)
- DEXAMFETAMINE SULPHATE (CD) (TA98)
- METHYLPHENIDATE (TA98)
- MODAFINIL (consultant only)

4.5 **DRUGS USED IN THE TREATMENT OF OBESITY**
Orlistat via GP only

4.6 **DRUGS USED IN NAUSEA AND VERTIGO**
- CINNARIZINE 15mg tablets
- CYCLIZINE
- PROMETHAZINE
- CHLORPROMAZINE
- PROCHLORPERAZINE
- DOMPERIDONE
- METOCLOPRAMIDE
- NABILONE (consultant only)
- ONDANSETRON
- APREPITANT
- HYOSCINE HYDROBROMIDE
- BETAHISTINE

4.7 **ANALGESICS**

4.7.1 **Non-opioid analgesics and compound analgesic preparations** (See also 10.1.1)
- ASPIRIN Tablets, suppositories, EC tablets
PARACETAMOL (IV doses should be prescribed in ‘milligrams’ only)

Co-codamol 30/500 (A&E discharge and DSU only)
4.7.2 Opioid analgesics

CD - See special prescription requirements

MORPHINE (CD) oral solution (10mg/5ml, 100mg/5ml)
Tablets ("Sevedol", "Zomorph", "MXL"), Suppos, Injection
‘BUTRANS’ (consultant only) A*
CODEINE Tablets, Syrup, Injection (CD)
DIAMORPHINE (CD) Restricted supplies
DIHYDROCODEINE Tablets
FENTANYL (CD) injection, Matrifen® patches, lozenges “Actiq”

Palliative care only:
FENTANYL citrate sublingual tablets (Abstral®) and nasal spray (Instanyl®)

During Radiotherapy only:
FENTANYL citrate buccal film (Breakyl®)-6mth audit exp0914 R
MEPTAZINOL (Meptid®) – for homebirths only R
METHADONE (CD) (TA114)
OXYCODONE (CD) (Not 1st line)
PETHIDINE (CD) injection
REMIFENTANIL (ITU only) R
TAPENTADOL (CD) IR and SR Initiation by the Pain Team A*
TRAMADOL capsules, injections, soluble tablets, m/r (for twice daily only)
4.7.3 Neuropathic pain
AMITRIPTYLINE
DULOXETINE – 1st line in Diabetic Neuropathy
GABAPENTIN
PREGABALIN Pain/Anaesthetics Consultant only

4.7.4 Antimigraine drugs
4.7.4.1 Treatment of acute migraine attack
ANALGESICS WITH ANTI-EMETICS
"Migraleve", "Paramax"
SUMATRIPTAN Injection, nasal spray (for acute migraine only)
ERGOT ALKALOIDS
“Cafergot Suppositories”, “Migril”
4.7.4.2 Prophylaxis of migraine
BOTULINUM TOXIN TYPE A (Consultant Neurologist only)
(TA260)
PIZOTIFEN tablets
CLONIDINE tablets 25micrograms

4.8 ANTIÉPILEPTICS
CARBAMAZEPINE (“Tegretol” for initiation)
CLOBAZAM
CLONAZEPAM
DIAZEPAM
ESLICARBAZEPINE (Consultant only)
ETHOSUXIMIDE syrup
GABAPENTIN (consultant only)
LAMOTRIGINE (consultant only)
LACOSAMIDE (consultant only)
LEVETIRACETAM (consultant only)
MIDAZOLAM BUCCAL (initiated in new patients)
OXCARBAZEPINE (Not 1st line) (consultant only)
PARALDEHYDE Enema
PERAMPANEL (Consultant Neurologist only)
PHENOBARBITAL (CD)
PRIMIDONE
PHENYTOIN (not Tablets, for initiation)
RETIGABINE (TA232)
STIRIPENTOL (unlicensed)
TOPIRAMATE (consultant only)
VALPROATE
VIGABATRIN (consultant only)
ZONISAMIDE (Consultant only)
4.9 DRUGS USED IN PARKINSONISM AND RELATED DISORDERS

4.9.1 Dopaminergic drugs used in Parkinson’s Disease

CO-BENELDOPA
CO-CARELDOPA (Sinemet tablets)
SELEGILINE
AMANTADINE

*The following are for consultant initiation only:*

APOMORPHINE A
CABERGOLINE A
LISURIDE
ROTIGOTINE A
RASAGILINE A*
Stalevo A*
▼ Duodopa R
PERGOLIDE A
TOLCAPONE A
ROPINIROLE ‘XL’ not 1st line A*
PRAMIPEXOLE A*
ENTACAPONE A*

4.9.2 Antimuscarinic drugs used in parkinsonism

BENZATROPINE injection, tablets
ORPHENADRINE
PROCYCLIDINE
TRIHEXYPHENIDYL/BENZHEXOL

4.9.3 Drugs used in essential tremor, chorea, tics and related disorders

HALOPERIDOL
RILUZOLE (consultant only) Tick box needed (TA20) R
TETRABENAZINE
BOTULINUM A Toxin (consultant only) (check indication) R

4.10 DRUGS USED IN SUBSTANCE DEPENDENCE

4.10.1 Alcohol Dependence

CLOMETHIAZOLE
DISULFIRAM

*In line with NICE TA-325: The following drug is included on our formulary for patients who are dependant on alcohol:*

- **NALMEFENE (Selinco®)**

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

4.10.2 Nicotine Dependence

Products for use following recommendation by a Smoking Cessation Nurse Specialist

NICORETTE patches, microtabs, inhalator and gum
NIQUITIN patches and lozenges
NICOTINELL 24 (ICU only)
VARENICLINE ▼ (must be prescribed by a doctor) (TA123)

4.10.3 Opiate Dependence

METHADONE
BUPRENORPHINE (TA114)

*In line with NICE TA-115: The following drug is included on our formulary for patients who are dependant on substances:*

- **NALTREXONE**

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.
4.11 DRUGS FOR DEMENTIA (A*)
DONEPEZIL (TA217)
GALANTAMINE (not m/r) (TA217)
MEMANTINE (consultant only, not 1st line) (TA217)
CHAPTER 5 – INFECTIONS

5.1 ANTIBACTERIAL DRUGS
See Trust Antibiotic Policy printed in the current Red Booklet.
Other antibiotics are restricted for microbiologist initiation.
May be subject to SWITCH by pharmacist IV to oral

5.1.1 Penicillins
5.1.1.1 Benzylpenicillin and phenoxyethylpenicillin
   BENZYL PENICILLIN
   PHENOXYETHYL PENICILLIN
5.1.1.2 Penicillinase-resistant penicillins
   FLUCLOxacillin
   TEMOCILLIN (in line with sensitivities only) R
5.1.1.3 Broad-spectrum penicillins
   AMOXICILLIN
   CO-AMOXICLAV (not Duo)
5.1.1.4 Anti-pseudomonal penicillins
   ‘TAZOCIN’/’TIMENTIN’ (2nd line alternative) R

5.1.2 Cephalosporins, carbapenems and other beta-lactams
5.1.2.1 Cephalosporins
   CEFALEXIN
   CEFOTAXIME (use restricted, reported to micro)
   CEFTAZIDIME (use restricted to oncology/ICU)
   CEFTRIAXONE
   CEFUROXIME (stat IV doses for surgical prophylaxis)
5.1.2.2 Carbapenems
   MEROPENEM (use restricted to oncology/ICU) R
   ERTAPENEM (ESBL UTIs with micro-approval) R
5.1.2.3 Other beta-lactams No entries

5.1.3 Tetracyclines
   DOXYCYCLINE
   OXYTETRACYCLINE Tablets
   LYMECYCLINE (Dermatology only in acne)
   TIGECYCLINE (consultant microbiologist only) R

5.1.4 Aminoglycosides
   AMIKACIN (use restricted to oncology/ICU)
   GENTAMICIN Injection

In line with NICE TA276: The following drug IS included on our formulary for patients who have cystic fibrosis and have been initiated on the treatment by their specialist centre:
   TOBRAMYCIN (Tobir®) http://guidance.nice.org.uk/TA276
   We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

5.1.5 Macrolides
   AZITHROMYCIN
   (use restricted in paeds, GUM, Gynae prophylaxis, bronchiectasis)
   ERYTHROMYCIN EC Capsules/Tablets, Suspension,
   CLARITHROMYCIN tablets and injection
   (suspension is non-formulary)

5.1.6 Clindamycin
CLINDAMYCIN

5.1.7 Some other antibacterials
CHLORAMPHENICOL IV/oral (micro recommended only)

In line with NICE TA276: The following drug IS included on our formulary for patients who have cystic fibrosis and have been initiated on the treatment by their specialist centre:

COLISTIMETHATE (Colobreathe®) 
http://guidance.nice.org.uk/TA276

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

FOSFOMYCIN (micro approved only – confirmed ESBL infection
Or Restricted List i.v.)
SODIUM FUSIDATE (Not as sole agent)
VANCOMYCIN (IV MRSA; Oral C. diff.)
TEICOPLANIN (neutropenic sepsis/surgical prophylaxis MRSA)
LINEZOLID (micro recommended only) 
RIFAXIMIN (Targaxan®) tablets (Gastro & Hep consultant only) (TA337) R

5.1.8 Sulphonamides and trimethoprim
CO-TRIMOXAZOLE
TRIMETHOPRIM

5.1.9 Antituberculosis drugs
Liaise with chest physician – prescribe full course from hosp
Isoniazid, Rifampicin and Ethambutol are all routinely available including combination products, IV use reported to micro

5.1.10 Antileprotic drugs
DAPSONE
R

5.1.11 Metronidazole and tinidazole
METRONIDAZOLE (Vaginal Gel = Cons only)

5.1.12 Quinolones
CIPROFLOXACIN (Restricted use, reported to Micro)
LEVOFLOXACIN (Penicillin allergic patients only)
OFLOXACIN (Urology and Gynaecology only)
MOXIFLOXACIN (Respiratory Consultant only) A
NORFLOXACIN (Uti nor®) tablets (Gastro & Hep consultant only)

5.1.13 Urinary-tract infections
NITROFURANTOIN
FOSFOMYCIN (micro-recommended only.) R

5.2 ANTIFUNGAL DRUGS

5.2.1 Triazole Antifungals
FLUCONAZOLE
ITRACONAZOLE
POSACONAZOLE (consultant microbiologist/haematologist only) R
VORICONAZOLE (consultant microbiologist only) R

5.2.2 Imidazole Antifungals
MICONAZOLE Oral Gel

5.2.3 Polyene Antifungals
AMPHOTERICIN (Lozenges for local use - see 12.3.2)
IV Lipid formulation: "AMBISOME" (neutropenic sepsis/ICU only) R
NYSTATIN suspension

5.2.4 Echinocandin Antifungals
CASPOFUNGIN (neutropenic sepsis/ICU only) R

5.2.5 Other antifungals
GRISEOFULVIN

5.3 ANTIVIRAL DRUGS (Seek specialist advice)

5.3.1 HIV infection
GUM consultant only. See also needle stick injury policy

5.3.2 Herpes virus infections
5.3.2.1 Herpes simplex and varicella-zoster infection
ACICLOVIR

5.3.2.2 Cytomegalovirus infection
FOSCARNET
GANCICLOVIR

5.3.3 Viral Hepatitis
5.3.3.1 Hepatitis B
ADEFOVIR (TA96) – not included in RSCH protocols
ENTECAVIR (Consultant only) TA153
LAMIVUDINE A
TENOFOVIR (Consultant only) (TA173) R

5.3.3.2 Chronic Hepatitis C
All consultant hepatologist only:
BOCEPREVIR (Victrelis®) TA253 R
DACLATASVIR (Daclinza®) TA364 R
LEDIPASVIR/SOFOSBUVIR (Harvoni®) TA363 R
PEGINTERFERON alfa (Pegasys® and Viraferon® peg) (Consultant only)
(TA200, TA106, TA66 and TA75) R

OMBITASVIR-PARITAPREVIR-RITONAVIR (Viekirax®) TA365 R
RIBAVIRIN caps (consultant only) (TA200 and TA75) R
SIMEPREVIR (Olysio®) Consultant Hepatologist only TA331 R
SOFOSBUVIR (Sovaldi®) TA330 R
TELAPREVIR (Incivo®) TA252 R

5.3.4 Influenza
AMANTADINE (TA168 and TA158)
OSELTAMIVIR ▼ (consultant only with micro approval)
(TA168 and TA158)

5.3.5 Respiratory syncytial virus
PALIVIZUMAB (consultant with Dr Ryalls approval only) R
RIBAVIRIN FOR INHALATION (consultant only)

5.4 ANTIPROTOZOAAL DRUGS
5.4.1 Antimalarials
Liaise directly with microbiologist

5.4.2 Amoebicides
METRONIDAZOLE

5.4.3 Trichomonacides
5.4.4 Antiadiarial Drugs
METRONIDAZOLE
MEPACRINE (unlicensed) R

5.4.5 Leishmaniacees
Liaise directly with microbiologist.

5.4.6 Trypanocides
5.4.7 Drugs for toxoplasmosis

5.4.8 Drugs for pneumocystis pneumonia

CO-TRIMOXAZOLE

PENTAMIDINE

5.5 ANTHELMINTICS

5.5.1 Drugs for threadworms

MEBENDAZOLE

5.5.2 - 5.5.8 Liaise with microbiologist
CHAPTER 6 - ENDOCRINE SYSTEM

6.1 DRUGS USED IN DIABETES (See separate list for complete range available via diabetic specialists)

6.1.1 Insulins

6.1.1.1 Short-acting insulins

INSULIN Soluble
"Actrapid"
“Humalin S"
INSULIN ASPART (consultant only)
INSULIN GLULISINE (consultant only)
INSULIN LISPRO (consultant only)

6.1.1.2 Intermediate- and long-acting insulins

INSULIN DEGLUDEC (consultant only)
INSULIN DETEMIR (consultant only)
INSULIN GLARGINE “Lantus” (consultant only) (TA53)
300 units/ml “Toujeo” Type I and II diabetes (Consultant only) A*

NB: Toujeo is not equivalent on a unit for unit basis with Lantus and the two products are not interchangeable

ISOPHANE INSULIN
"Insulatard"
“Humulin I”
“Novomix 30”
‘Humalog mix 25’
‘Humalog mix 50’

6.1.1.3 Hypodermic equipment

Diabetic nurse / clinic / shop only
Insujet needleless injection device

6.1.2 Antidiabetic drugs

GLIBENCLAMIDE
GLICLAZIDE
TOLBUTAMIDE
METFORMIN (not combinations)
ACARBOSE
CANAGLIFLOZIN (Invokana®)(TA315) Diabetes team only
DAPAGLIFLOZIN ▼ (TA288) Diabetes team only
DULAGLUTIDE▼ (Trulicity®) Diabetes team only
EMPAGLIFLOZIN▼ (TA336) Diabetes team only
EXENATIDE ▼prolonged release (consultant diabetologist only) (TA248)
LINAGLIPTIN ▼
LIRAGLUTIDE ▼(consultant diabetologist only) (TA203) A
NATEGLINIDE (consultant diabetologist only)
PIOGLITAZONE
SITAGLIPTIN

6.1.5 Treatment of diabetic nephropathy and neuropathy

Diabetic Neuropathy
AMITRIPTYLINE
DULOXETINE

6.1.6 Diagnostic and monitoring agents for diabetes mellitus

Optium H and PCX Plus
ALBUSTIX
DIABUR Test-5000
Ketostix
MULTISTIX 8SG
Oral glucose tolerance test
6.2 THYROID AND ANTITHYROID DRUGS

6.2.1 Thyroid drugs
LEVOTHYROXINE
LIOTHYRONINE SODIUM
If used in patients unable to convert T3 to T4, liothyronine is an A* drug A*
Short-term, acute, inpatient indications

6.2.2 Antithyroid drugs
CARBIMAZOLE
IODINE AND IODIDE (Aqueous iodine oral solution)
PROPYLTHIOIURACIL

6.3 CORTICOSTEROIDS

6.3.2 Glucocorticoid therapy
PREDNISOLONE (non-ec is first line)
BETAMETHASONE "Betnesol"
CORTISONE
DEXAMETHASONE
HYDROCORTISONE
METHYLPREDNISOLONE
TRIAMCINOLONE Injection (see 10.1.2)

6.4 SEX HORMONES (See separate list for complete range available via Gynaecologists)

6.4.1 Female sex hormones
6.4.1.1 Oestrogens and HRT
"Prempak - C", "Elleste duet conti", "Evorel sequi patch"
"Femoston", "Klofem", "Klovarce", "Premarin",
Estradiol Implants, "Climaval", "Estradot",
"FemSeven", "Menoring 50", "Oestrogel",
"Vagifem vaginal tabs"
TIBOLONE (consultant only)
ETHINYLLOESTRADIOL Tablets
RALOXIFENE (consultant only)

6.4.1.2 Progestogens
MEDROXYPROGESTERONE ACETATE
NORETHISTERONE 5mg Tabs
PROGESTERONE Pessaries, Injection
ULIPRISTAL ACETATE (Esmya®) tablets (consultant gynaecologist only)

6.4.2 Male sex hormones and antagonists
TESTOSTERONE oral: ‘Restandol’, Implants (cons only, R),
‘Nebido’ (A*), ‘Testogel’
MESTEROLONE
CYPROTERONE ACETATE
DUTASTERIDE (not 1st line)
FINASTERIDE

6.5 HYPOTHALAMIC AND PITUITARY HORMONES ETC

6.5.1 Hypothalamic & anterior pituitary hormones anti-oestrogens
CLOMIFENES
TETRACOSACTIDE
MENOPUR
SOMATROPIN (consultant only) (TA188 and TA64)
“Genotropin”5.3mg/16units, “Norditropin” pfs 5mg/15units
6.5.2 Posterior Pituitary Hormones and Antagonists

- VASOPRESSIN (synthetic)
- DESMOPRESSIN
- TERLIPRESSIN (consultant only)
- DEMECLOCYCLINE
- GONADORELIN (Consultant Chemical Pathology/Endocrinology only)
- THYROTROPHIN RELEASING HORMONE

In line with NICE TA-358: The following drug is included on our formulary for patients who have autosomal polycystic kidney disease which is rapidly progressing and already stage 2 or 3:

- TOLVAPTAN (nephrologist only)

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.
6.6 DRUGS AFFECTING BONE METABOLISM

6.6.1 Calcitonin and parathyroid hormone
SALCATONIN Injection 200U/1ml
TERIPARATIDE injection 250 mcg/ml (TA161)

6.6.2 Bisphosphonates and other drugs affecting bone metabolism
ALENDRONIC ACID Tablets (not combination tablets)
(TA160 and TA161)
DENOSUMAB ▼ (consultant rheumatologist only) A
(TA204 and TA265)
ETIDRONATE, PAMIDRONATE, RISEDRONATE (not combination tablets) (TA160 and TA161)
SODIUM CLODRONATE Tabs A*
IBANDRONIC ACID Tablets (consultant oncologist only) R
IBANDRONIC ACID Injection (consultant rheumatologist only) R
STRONTIUM (consultant only) (TA160 and TA161)
ZOLEDRONIC ACID R
▼ 'Aclasta' (investigation unit and rheumatology consultants)
'Zometa' (oncology and orthopaedic consultants only)

6.7 OTHER ENDOCRINE DRUGS

6.7.1 Bromocriptine and other dopaminergic drugs
BROMOCRIPTINE
CABERGOLINE
QUINAGOLIDE (2nd line) A*

6.7.2 Drugs affecting gonadotrophins
BUSERELIN INJECTION A*
DANAZOL
TRIPTORELIN (check licence, consultant use only) A
NAFARELIN nasal spray A*
GOSEFRELIN (second line) A*
LEUPRORELIN (second line) A*

6.7.3 Metyrapone and Trilostane
METYRAPONE

6.7.4 Somatomedins
None available
CHAPTER 7 - OBSTETRICS, GYNAECOLOGY
AND URINARY TRACT DISORDERS
(Others may be available to Gynaecologists & Urologists)

7.1 DRUGS USED IN OBSTETRICS

7.1.1 Prostaglandins and oxytocics
CARBOPROST
DINOPROSTONE
GEMEPROST
OXYTOCIN
▼ CARBETOCIN

7.1.1.1 Drugs affecting the ductus arteriosus
IBUPROFEN Injection (Consultant Paediatrician only - in line with current
Protocol at receiving Trust) R

7.1.2 Mifepristone (CD)

7.1.3 Myometrial relaxants
ATOSIBAN (consultant only) R
SALBUTAMOL
TERBUTALINE

7.2 TREATMENT OF VAGINAL AND VULVA CONDITIONS

7.2.1 Preparations for vaginal and vulval changes
Ortho-Gynest cream
Ovestin Cream
"Premarin" Vaginal Cream
"Vagifem" Vaginal Tablets
"Estring" Vaginal Ring

7.2.2 Vaginal and vulval infections
Clotrimazole cream 1%, pessaries 100mg, 200mg, 500mg
“Zidoval” gel

7.3 CONTRACEPTIVES
(Available ONLY through FAMILY PLANNING CLINIC or
GYNAECOLOGY)
LOESTRIN 20
FEMODETTE
LOGYNON
MICROGYNON
BREVINOR
LOESTRIN 30
TRINOVUM
MARVELON
FEMODENE
DEPO PROVERA
IMPLANON
MIRENA
LEOVONELLE 1500 (held in A & E)
YASMIN (second-line if BMI≤30, Consultant use only)
7.4 DRUGS FOR GENITO-URINARY DISORDERS

7.4.1 Drugs for urinary retention
ALFUZOSIN
INDORAMIN
TAMSULOSIN 400mcg m/r, xl
DISTIGMINE

7.4.2 Drugs for urinary frequency, enuresis and incontinence
DULOXETINE ▼ Yentreve” (Women only)
FESOTERODINE
FLAVOXATE
MIRABEGRON (TA 290) – if anti-muscarinics contra-indicated/ineffective
OXYBUTYNIN 2.5mg, 5mg tablets, Kentera patches
SOLIFENACIN (Consultant Urologists only) R
TOLTERODINE including XL (consultant only)
TROPIUM
‘CYSTISTAT’ (unlicensed) R

7.4.3 Drugs used in urological pain
POTASSIUM CITRATE MIXTURE BP
EFFERCITRATE (consultant only)

7.4.5 Drugs for erectile dysfunction (consultant only)
ALPROSTADIL – second-line to PDE5 inhibitors
“Caverject” in clinic R
“Viradal Duo” outpatient prescriptions R
“Vitaros Cream” outpatient prescriptions G

Prescriptions should be marked ‘SLS’. For non SLS cases these are RED drugs.
SILDENAFIL
TADALAFIL 2nd line (Not recommended NICE TA273 due to evidence not received from the manufacturer)
VARDENAFIL 2nd line
PAPAVERINE/PHENTOLAMINE injection (consultant only, unlicensed) R
### CHAPTER 8 – MALIGNANT DISEASE AND IMMUNOSUPPRESSION

**8.1 CYTOTOXIC DRUGS** *(All RED except where marked AMBER)*
*For use by Oncology under department protocols only*

For current protocols please see:  

<table>
<thead>
<tr>
<th>Calcium Folinate</th>
<th>MESNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEXRAZOXANE (Savene)</td>
<td>R</td>
</tr>
</tbody>
</table>

#### 8.1.1 Alkylating drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Alternative Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bendamustine</td>
<td>Busulfan</td>
</tr>
<tr>
<td>Carmustine</td>
<td>Chlorambucil</td>
</tr>
<tr>
<td>Cyclophosphamide</td>
<td>Ifosamide</td>
</tr>
<tr>
<td>Lomustine</td>
<td>Melphalan</td>
</tr>
</tbody>
</table>

#### 8.1.2 Anthracyclines and other cytotoxic antibiotics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Alternative Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleomycin</td>
<td>Dactinomycin</td>
</tr>
<tr>
<td>Daunorubicin</td>
<td>Doxorubicin+</td>
</tr>
<tr>
<td>Epirubicin</td>
<td>Idarubicin</td>
</tr>
<tr>
<td>Mitomycin</td>
<td>Mitoxantrone</td>
</tr>
<tr>
<td>Pixantrone (TA306)</td>
<td></td>
</tr>
</tbody>
</table>

#### 8.1.3 Antimetabolites

<table>
<thead>
<tr>
<th>Drug</th>
<th>Alternative Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azacitidine</td>
<td>Capecitabine</td>
</tr>
<tr>
<td>Cladribine</td>
<td>Cytarabine</td>
</tr>
<tr>
<td>Fludarabine</td>
<td>Flurouracil</td>
</tr>
<tr>
<td>Gemcitabine</td>
<td>Mercaptopurine (AMBER)</td>
</tr>
<tr>
<td>Methotrexate (AMBER)</td>
<td>Pemetrexed</td>
</tr>
<tr>
<td>Raltitrexed</td>
<td>Tioguanine</td>
</tr>
</tbody>
</table>

#### 8.1.4 Vinca Alkaloids and Etoposide

<table>
<thead>
<tr>
<th>Drug</th>
<th>Alternative Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etoposide</td>
<td>Vinblastine</td>
</tr>
<tr>
<td>Vincristine</td>
<td>Vinodesine</td>
</tr>
<tr>
<td>Vinorelbine</td>
<td></td>
</tr>
</tbody>
</table>

#### 8.1.5 Other antineoplastic drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Alternative Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amsacrine</td>
<td>Afatinib (TA310)</td>
</tr>
<tr>
<td>Axitinib (Inlyta) (TA333)</td>
<td></td>
</tr>
<tr>
<td>Bevacizumab (TA263, TA284, TA285)</td>
<td></td>
</tr>
<tr>
<td>Bortezomib (TA311)</td>
<td>Carboplatin (TA284, TA285)</td>
</tr>
<tr>
<td>Cetuximab</td>
<td>Cisplatin</td>
</tr>
<tr>
<td>Crisantaspase</td>
<td>Dacarbazine</td>
</tr>
<tr>
<td>Dasatinib Docetaxel</td>
<td></td>
</tr>
<tr>
<td>Erlotinib (TA258, TA374)</td>
<td>Everolimus (TA219)</td>
</tr>
<tr>
<td>Gefitinib (TA374)</td>
<td>Hydroxycarbamide (AMBER)</td>
</tr>
<tr>
<td>Idelalisib in CLL</td>
<td>Imatinib</td>
</tr>
<tr>
<td>Ipilimumab (TA268, TA319 and TA326)</td>
<td></td>
</tr>
<tr>
<td>Irinotecan</td>
<td></td>
</tr>
<tr>
<td>Laptinib (TA257)</td>
<td>Mitotane</td>
</tr>
<tr>
<td>Nab-paclitaxel</td>
<td>Nilotinib</td>
</tr>
<tr>
<td>Nintedanib (TA379)</td>
<td>Olaparib (TA381)</td>
</tr>
<tr>
<td>Oxaliplatin</td>
<td>Paclitaxel (TA 284)</td>
</tr>
<tr>
<td>Panobinostat (TA380)</td>
<td>Pazopanib</td>
</tr>
<tr>
<td>Pembrolizumab (TA366)</td>
<td>Pentostatin</td>
</tr>
<tr>
<td>Procarbazine</td>
<td>Sorafenib</td>
</tr>
<tr>
<td>Sunitinib</td>
<td>Temozolomide</td>
</tr>
<tr>
<td>Topotecan</td>
<td>Trabectedin</td>
</tr>
</tbody>
</table>
8.2 DRUGS AFFECTING THE IMMUNE RESPONSE
AZATHIOPRINE
BCG bladder instillation R
CICLOSPORIN (consultant only) IBS - R
DIMETHYL FUMARATE (Tecfidera®) Consultant Neurologists only R
(FTA320)
FINGOLIMOD (TA 254) R
GLATIRAMER (Consultant Neurologists only) R
PEG INTERFERON ALPHA (Hepatitis C specialist only) R
INTERFERON ALPHA 2B(RBE) (Consultant Oncologist/ (Check license) Haematologist only) A
INTERFERON BETA (Consultant Neurologists only) R
LENALIDOMIDE
NATALIZUMAB ▼ (Consultant Neurologists only) (TA127) R
THALIDOMIDE (consultant haematologist only) R
TERIFLUONOMIDE (TA 303) R
In line with NICE TA-85: The following drugs are included on our formulary for patients who have had a renal transplant:
• BASILIXIMAB
• TACROLIMUS
• MYCOPHENOLATE MOFETIL
• SIROLIMUS
We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

In line with NICE TA-235: The following drug is included on our formulary for patients, aged 2-30 as an option for the treatment of high-grade, resectable, non-metastatic osteosarcoma postoperatively and in combination with chemotherapy:
• MIFAMURTIDE ▼
We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

8.3 SEX HORMONES AND HORMONE ANTAGONISTS IN MALIGNANT DISEASE
8.3.4 Hormone Antagonists
8.3.4.1 Breast cancer
Anastrozole A*
Exemestane (not first line – consultant only) A*
Tamoxifen
8.3.4.2 Gonadorelin analogues and gonadotrophin-releasing hormone antagonists
Gonadorelin analogues
Buserelin injection A*
Goserelin 3.6mg A*
Leuprolrelin 3.75mg A*
Anti-androgens
Bicalutamide A*
Cyproterone Acetate A*
Degarelix A*
ENZALUTAMIDE (Xtandi® ▼) (TA316 and TA377)
Somatostatin analogues
Lanreotide autogel A
<table>
<thead>
<tr>
<th>Octreotide</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Octreotide LAR (Post Pancreatic surgery only)</td>
<td>A</td>
</tr>
</tbody>
</table>
CHAPTER 9 - NUTRITION AND BLOOD
(Others may be available to Haematologists & Radiotherapists)

9.1 ANAEMIAS & SOME OTHER BLOOD DISORDERS

9.1.1 Oral iron
FERROUS SULPHATE 200mg Tablets and ‘Ferrograd’
FERROUS GLUCONATE Tablets 300mg and “sideromal”
SODIUM FEREDETATE
IRON AND FOLIC ACID "Pregaday"

9.1.1.2 Parenteral Iron (consultant only) R

9.1.2 Drugs used in megaloblastic anaemias
HYDROXOCOBALAMIN
FOLIC ACID 5mg tabs, 2.5mg/5ml syrup

9.1.3 Drugs used in hypoblastic, haemolytic and renal anaemias
EPOETIN Alfa (Binocrit®) (Haematology consultant only, AMBER) TA323
Desferrioxamine R
Deferasirox (Haematology consultant only) R

9.1.4 Drugs used in platelet disorders (polycythaemia and ET)
ANAGRELIDE (not 1st line) (consultant only) R
ROMIPLOSTIM (TA221) R

9.1.5 Drugs used in neutropenia
LENOGASTIM R

9.2 FLUIDS AND ELECTROLYTES

9.2.1 Oral preparations for fluid and electrolyte imbalance

9.2.1.1 Oral potassium
POTASSIUM CHLORIDE
"Kay-Cee-L Syrup" "Sando-K" "Slow-K"
Potassium removal
POLYSTYRENE SULPHONATE RESINS

9.2.1.2 Oral sodium and water
SODIUM CHLORIDE "Slow Sodium"
ORAL REHYDRATION SALTS "Dioralyte" or equiv

9.2.1.3 Oral bicarbonate
SODIUM BICARBONATE 600mg Tablets

9.2.2 Parenteral preparations for fluid and electrolyte imbalance
SODIUM CHLORIDE 0.45%, 0.9%, 1.8%
SODIUM CHLORIDE 0.18% and GLUCOSE 4% R
(Palliative care Patients only)
Note: This fluid must not be used in paediatric patients
GLUCOSE 5%, 10%, 20%, 50%
POTASSIUM CHLORIDE as ready mixed infusions
10mmol Potassium per bag
in 500ml Sodium Chloride 0.9%, Sodium Chloride 0.45% & Glucose 5%
or Sod. Chloride 0.9% & Glucose 5%
20mmol Potassium per bag
in 500ml Sodium Chloride 0.9%, Glucose 5%,
Glucose 10% or Sod. Chloride 0.9% & Glucose 5%
in 1 litre Sodium Chloride 0.9%, Glucose 5%
or Sodium Chloride 0.18% & Glucose 4%
40mmol Potassium per bag
  in 100ml  Sodium Chloride 0.9% (resus/ICU only) (unlicensed)
in 500ml  Glucose 5%
in 1 litre  Sodium Chloride 0.9%, Glucose 5%
  or Sodium Chloride 0.18% & Glucose 4%
SODIUM BICARBONATE  1.26%, 8.4%
SODIUM LACTATE

Plasma & albumin solution  Please contact haematology

9.2.2.2  Plasma and plasma substitutes
  ALBUMIN SOLUTION (via path labs not pharmacy)  R
  GELATIN  "Volpex"  R
  GELOPLASMA  R

9.3  INTRAVENOUS NUTRITION
  Please contact Pharmacy, Aseptic Services ext 4588
  or via the Nutrition Support Team
  PLASMALYTE  R

9.4  ORAL NUTRITION  Please contact Dietitian for complete range
  Adamin G Glutamine powder
  Calogen  Carobel instant
  Complan (kitchens for RSCH inpatients)  Duocal
  Complete Amino Acid Mix  Nutramigen
  Elemental 028 extra  Emsogen
  Fortisips (kitchens for RSCH inpatients)  Hypostop
  Maltodextran ‘preload’
  Maxijul/Caloreen (kitchens unless SCBU)  Modulen IBD
  Forticreme complete  “Nutrisin” Standard, Energy
  Peptide 1+  Peptamen HN + Varulla
  Nutrini Standard (others in range for dietitian initiation only)
  Peptisorb
  Pregestimil  Scandishake
  Tentrini
  Vitasavory (kitchens for RSCH inpatients)  Wysoy
  XP Analogue (For newly diagnosed PKU)

9.5  MINERALS
  CALCIUM SALTS
  Calcium Gluconate (Non-proprietary) eff tablets and injection
  "Sandocal"
  MAGNESIUM SULPHATE Injection 50% in 10ml
  MAGNAPARTATE (first-line choice)  A*
  MAGNESIUM GLYCEROPHOSPHATE (unlicenced)
  In line with NICE TA117: The following drug is included on our formulary for suitable
  patients:
  •  CINACALCET (TA117)
  We do not manage this patient-group within RSCH so all dose changes or
  amendments to therapy must be authorised by the Patient’s Specialist Team.

9.5.2  Phosphorus
  PHOSPHATES polyfusor
  Phosphate Sandoz
  Potassium Phosphate injection (CD)
9.5.3 **Flouride**
FLUORIDE toothpaste (‘Duraphat’ 2800ppm and 5000ppm)
Community Dental Clinic only

9.5.4 **Zinc:** Available in effervescent vitamin C tablets,
Zinc Sulphate injection 50mcg/ml 10ml

9.5.5 **Selenium:** Selenace

9.6 **VITAMINS**
9.6.7 **Multivitamin and mineral supplement** (Sanatogen A-Z®)
9.6 VITAMINS
  9.6.1 Vitamin A only available in multivitamin preparations
  9.6.2 Vitamin B Group
      THIAMINE (Tablets, Pabrinex Injection)
      PYRIDOXINE
      VITAMIN B COMPOUND STRONG
      HYDROXOCOBALAMINE B12
  9.6.3 Vitamin C
      Vitamin C with Zinc, Plain vitamin C tablets
  9.6.4 Vitamin D
      ALFACALCIDOL
      CALCIUM AND ERGOCALCIFEROL
      COLECALCIFEROL with calcium ‘ADCAL D’, Calceos’
      High Strength Colcalciferol ‘Fultium’ Capsules 800 units
      Colcalciferol ‘Desunin’ (for patients with peanut allergy)
      Colcalciferol ‘Thorens’ liquid 10,000 iu/mL
  9.6.6 Vitamin K
      MENADIOL SODIUM PHOSPHATE
      PHYTOMENADIONE

9.7 Bitters and tonics – None available
9.8 Specialist requests only
CHAPTER 10 - MUSCULOSKELETAL AND JOINT DISEASES

10.1 DRUGS USED IN RHEUMATIC DISEASES & GOUT

10.1.1 Non-steroidal anti-inflammatory drugs (NSAIDs)
IBUPROFEN Tablets, Syrup (first-line NSAID choice ≤1200mg OD)
DICLOFENAC SODIUM (injection & suppositories)
NAPROXEN (first-line NSAID choice)
ASPIRIN

10.1.2 Corticosteroids
“Hydrocortistab”
“Depo-Medrone”
“Adcortyl” Intramuscular/Intradermal
“Lederspan” Injection

10.1.3 Drugs which suppress the rheumatic disease process
ADALIMUMAB ▼ (consultant rheumatologist only in line with surrey biologics in RA pathway)
(TA262, TA199, TA195, TA187, TA130, TA329, TA373 and TA383)
SODIUM AUROTHIOMALATE (consultant only)
PENICILLAMINE
HYDROXYCHLOROQUINE
ABATACEPT ▼ (TA234, TA195, TA280, TA373)
AZATHIOPRINE
CICLOSPORIN “Neoral” check license
CERTOLIZUMAB PEGOL (consultant rheumatologists only)
(TA186 and TA383)
LEFLUNOMIDE (consultant only)
METHOTREXATE Tablets (Px folic acid tabs too)
ETANERCEPT ▼ (Consultant Rheumatologists only)
(TA195, TA199, TA130, TA103, TA373 and TA383)
INFLIXIMAB ▼ (Consultant Rheumatologists only)
(TA195, TA199, TA187, TA163, TA140, TA134, TA130, TA329 and TA383)
GOLIMUMAB ▼ (Consultant Rheumatologists only)
Third line (TA225, TA220, TA329 and TA383)
RITUXIMAB (Consultant Rheumatologists only) (TA195)
SULFASALAZINE
▼ TOCILIZUMAB (Consultant Rheumatologists only)
(TA247, TA238 and TA373)

10.1.4 Gout and Cytotoxic Induced Hyperuricaemia
COLCHINE
ALLOPURINOL
PROBENECID
SULFINPYRAZONE
RASBURICASE (consultant only)
▼ FEBUXOSTAT (rheumatologist only) (TA164)

10.1.5 Other Drugs for Rheumatic Diseases
ILOPROST injection (Consultant Rheumatologist only)
HYALURONIC ACID 40mg/50ml (Cystastat®)
10.2 DRUGS USED IN NEUROMUSCULAR DISORDERS

10.2.2 Skeletal muscle relaxants

DIAZEPAM
BACLOFEN Tablets, Liquid
DANTROLENE SODIUM
TIZANIDINE (consultant only) A*
SATIVEX® (Consultant Neurologist only – IFR required) R

Nocturnal leg cramps

QUININE

10.3 DRUGS FOR THE RELIEF OF SOFT-TISSUE INFLAMMATION AND TOPICAL PAIN-RELIEF

10.3.2 Rubefacients, topical NSAIDs, capsaicin and poultices

IBUPROFEN GEL
Kaolin Poultice
Capsaicin 0.075%
CAPSAICIN 8% patches Qutenza® (Pain team Consultants only) R
CHAPTER 11 – DRUGS ACTING ON THE EYE
(Other may be available to Ophthalmologists & Microbiologists)

11.3 ANTI-INFECTIVE EYE PREPARATIONS

11.3.1 Antibacterials
- CEFUROXIME 5% Eye drops (consultant only)
- CEFTAZIDINE 5% Eye drops (consultant only)
- CHLORAMPHENICOL
- CIPROFLOXACIN 0.3% Eye drops & ointment (ENT and MFU only)
- FUSIDIC ACID 1% Eye drops
- GENTAMICIN 0.3% Eye drops
- LEVOFLOXACIN 0.5% Eyedrops (Ophthalmology only)

11.3.3 Antivirals
- ACICLOVIR

11.4 CORTICOSTEROIDS AND OTHER ANTI-INFLAMMATORY PREPARATIONS

11.4.1 Corticosteroids
- BETAMETHASONE
- DEXAMETHASONE “Maxidex”, “Maxitrol”,
  “Ozurdex implant” (Consultant Ophthalmologist only) (TA229)
- FLUOROMETHOLONE “FML”
- FLUOCINOLONE (For trial use or with IFR only)
  (Not recommended for DMO TA271)
- LOTEpredNOL (Consultant only)
- PREDNIsoLONE “Pred Forte”, “Predsol”, “Predsol N”
- RIMEXOLONE
- TRIAMCONOLONE intravitreal injection
- TOBRADEX (post cataract only)

11.4.2 Other anti-inflammatory preparations
- ANTAZOLINE “Otrivine-Antistin”
- CICLOSPORIN TABS (Consultant Ophthalmologist only)
- INFLIXIMAB (Consultant Ophthalmologist only)
- LODOXAMIDE “Alomide”
- METHOTREXATE TABS (Consultant Ophthalmologist only)
- METHOTREXATE intravitreal inj (Consultant Ophthalmologists only)
- MYCOPHENOLATE po (Consultant Ophthalmologist only)
- SODIUM CROMOGLCATE

11.5 MYDRIATICS AND CYCLOPLEGICS
- ATROPINE plain
- CYCLOPENTOLATE
- HOMATROPINE
- TROPICAMIDE
- PHENYLEPHRINE

11.6 TREATMENT OF GLAUCOMA

Beta-blockers
- BETAXOLOL
- LEVOBUNOLOL
- TIMOLOL 0.25%, 0.5%

Prostaglandin analogues and prostamides
- ▼ BIMATOPROST (consultant only) including “Ganfort” (2nd line)
- LATANOPROST (1st line choice)
  Monopost® (if preservative-free required)
- ▼ TAFLUPROST (2nd line)
TRAVOPROST including Duotrov (2nd line)

**Sympathomimetics**
- ADRENALINE (rINN = EPINEPHRINE)
- BRIMONIDINE (consultant only) (including Combigan)

**Carbonic anhydrase inhibitors and systemic drugs**
- ACETAZOLAMIDE
- BRINZOLAMIDE/TIMOLOL (Azarga®) is allowed for ‘consultant only’
- DORZOLAMIDE (consultant only)
  - Cosopt® is allowed for ‘consultant only’ and 2nd line to Azarga®

**Miotics**
- PILOCARPINE (Non-proprietary)
  - “Pilogel” (outpatients, consultant only)

**Emergency treatment of glaucoma**
- BEVACIZUMAB intravitreal inj (Dr Taylor and Prof Lightman only)

### 11.7 LOCAL ANAESTHETICS
- TETRACAINE (Amethocaine) Minims
- COCAINE 4% eye drops (unlicensed)

### 11.8 MISCELLANEOUS OPHTHALMIC PREPARATIONS

**11.8.1 Tear deficiency, ocular lubricants and astringents**
- ACETYLICYSTEINE 5% “Ilube”
- CARBOMERS 10g tube “gel tears” and singles “Viscotears”
- CARMELLOSE “Celluvisc”, “Optive” (3rd line)
- CICLOSPORIN 2% eyedrops and 0.2% eye oint (both unlicensed)
  - Collagen Implants (unlicensed)
  - EDTA eye drops (unlicensed)
  - HPMC 2% (unlicensed)
- HYPROMELLOSE 0.3%
- LIQUID PARAFFIN “Lacri-Lube”
- PARAFFIN, SOFT YELLOW “Simple”
- POLYVINYL ALCOHOL 1.4% “Sno Tears”
- SODIUM CHLORIDE MINIMS Drops 0.9%, eye ointment
- BALANCED SALT SOLUTION
  - BSS PLUS
  - SODIUM HYALURONATE
- VISCOAT injection (CE mark)

**11.8.2 Ocular diagnostic and peri-operative preparations and photodynamic treatment**
- BEVACIZUMAB unlicenced (Consultant Ophthalmologist only)
- FLUORESCEIN strips
- FLUORESCEIN WITH PROXYMETACAINE
- ROSE BENGAL
- ACETYLCHOLINE
  - ▼ AFLIBERCEPT (TA294 and TA305)
  - APRACLONIDINE single use
  - DICLOFENAC SODIUM
  - KETOROLAC
  - ▼ OCRIPLASMIN (TA297)
  - ▼ RANIBIZUMAB (TA155, TA 274 and TA 283)
- SODIUM HYALURONATE
  - “Healonid & Healonid GV”Injection
- HYDROXYAMPHETAMINE
  - (Unlicensed, consultant only)
- VERTEPORFIN (Consultant only) (TA68)
11.9 CONTACT LENSES
POLYHEXANIDE 0.02%
(polyhexamethylene biguanide)

CHAPTER 12 - EAR NOSE AND OROPHARYNX
(Others may be available to ENT Surgeons only)

12.1 DRUGS ACTING ON THE EAR
(Others may be available to specialists)

12.1.1 Otitis externa
ACETIC ACID 2% EARSpray (EarCalm®)
ENT and A&E Consultants and prescribing practitioners in A&E

Anti-inflammatory preparations
BETAMETHASONE
PREDNISOLONE

Anti-infective preparations
CLIOQUINOL
CLOTIRMAZOLE
FRAMYCETIN "Sofradex"
NEOMYCIN "Otomize"

TRI-ADCORTYL oint (Mr Valentine only – unlicensed) R

12.1.3 Removal of ear wax
Sodium Bicarbonate
"Cerumol"

12.2 DRUGS ACTING ON THE NOSE

12.2.1 Drugs used in nasal allergy
BECLOMETASONE “Beconase Aqueous”
BETAMETHASONE “Betnesol” nose drops
FLUNISOLIDE
FLUTICASONE PROPIONATE (Flixonase nasules®) (second line)
With AZELASTINE “Dymista” – Mr Sunkaraneni only R
FLUTICASONE FUROATE “Avamys” (second line)
Cromoglycate and Nedocromil
SODIUM CROMOGLICATE

12.2.2 Topical nasal decongestants
EPHEDRINE
XYLOMETAZOLINE
IPRATROPIUM BROMIDE

12.2.3 Nasal preparations for infections
"Naseptin"
Mupirocin (for MRSA eradication therapy)
12.3 DRUGS ACTING ON THE OROPHARYNX

12.3.1 Drugs for oral ulceration & inflammation
- BENZYDAMINE
- CARMELLOSE Paste
- HYDROCORTISONE mucoadhesive buccal tablets
- "Choline Salicylate" Dental Gel

12.3.2 Oropharyngeal anti-infective drugs
- AMPHOTERICIN LOZENGES
- MICONAZOLE Oral Gel
- NYSTATIN Oral suspension

12.3.3 Lozenges and sprays
- "Merocaine" Lozenges

12.3.4 Mouthwashes, gargles and dentifrices
- CHLORHEXIDINE 0.2%
- HEXITIDINE
- HYDROGEN PEROXIDE Mouthwash
- THYMOL Mouthwash Solution Tablets

12.3.5 Treatment of dry mouth
- Local Treatment
  - “Glandosane” SPRAY
  - BioXtra Gel
- Systemic Treatment
  - PILOCARPINE tablets
  - ‘Xerotin® oral spray

12.3.6 Other preparations
- CARNOY’s solution (unlicensed)
CHAPTER 13 - DRUGS ACTING ON THE SKIN
Some preparations not listed here, are available to dermatology consultants

13.2 EMOLLIENT AND BARRIER PREPARATIONS

<table>
<thead>
<tr>
<th>Very Greasy Ointments</th>
<th>Greasy Ointments</th>
<th>Rich creams</th>
<th>Creams</th>
<th>Gels</th>
<th>Emollients which can be used as Soap substitutes (S) and/or Bath preparations (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50:50 Liquid &amp; White Soft Paraffin Ointment</td>
<td>Emulsifying Ointment BP -1st line</td>
<td>Zeroguent Cream</td>
<td>Aquamax Cream</td>
<td>Zerodouble</td>
<td>Emulsifying Ointment BP -1st line (S+B)</td>
</tr>
<tr>
<td></td>
<td>Zeroderm Ointment -2nd line</td>
<td>Zerocream</td>
<td>Zeroderm Ointment -2nd line (S+B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zerobase Cream -2nd line</td>
<td>Aquamax Cream (S)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emollients with additives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emollients + Antipruritic</strong></td>
</tr>
<tr>
<td>General use</td>
</tr>
<tr>
<td><strong>Emollients + Urea</strong></td>
</tr>
<tr>
<td>General Use</td>
</tr>
<tr>
<td><strong>Emollients + Antimicrobial</strong></td>
</tr>
<tr>
<td>General Use</td>
</tr>
</tbody>
</table>

13.2.2 Barrier Creams

<table>
<thead>
<tr>
<th>General Use</th>
<th>Zinc and Castor Oil Ointment BP</th>
<th>Dermatology use Only</th>
<th>Metanium ointment (Not 1st line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conotrate (0.1% benzalkonium chloride, 22% dimeticon) cream</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13.2.1.1 Emollient Bath Preparations

<table>
<thead>
<tr>
<th>General Use</th>
<th>Dermatology Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aveeno bath oil (colloidal oatmeal)</td>
<td>QV bath oil (light liquid paraffin 85.13%)</td>
</tr>
</tbody>
</table>

Emollient Bath Preparations + Antimicrobial

<table>
<thead>
<tr>
<th>General use</th>
<th>Dermatology Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermol 600 bath emollient (0.5% benzalkonium chloride, 25% liquid paraffin and 25% isopropyl myristate)</td>
<td></td>
</tr>
<tr>
<td>Zerolatum emollient medicinal bath oil (0.5% benzalkonium chloride, 2% triclosan and 51.66% light liquid paraffin)</td>
<td></td>
</tr>
</tbody>
</table>
13.3 TOPICAL LOCAL ANAESTHETICS & ANTIPRURITICS
CALAMINE Lotion
CROTAMITON Cream
TOPICAL LOCAL ANAESTHETICS
Lignocaine 5% Ointment
TOPICAL ANTIHISTAMINES
DOXEPIN ‘Xepin®’ Cream Dermatology only (pruritis in eczema)
Oral ANTI-HISTAMINES high dose (Dermatology only)

A*

13.4 TOPICAL CORTICOSTEROIDS (TA81)
HYDROCORTISONE Cream/Ointment 0.5, 1, 2.5%
‘Alphaderm’ Cream
‘Eurax – hydrocortisone’
"Canesten HC"
"Dakta cort"
Fucidin H cream (Dermatology/Outpatients only)
“Timodine”
‘Vioform – hydrocortisone’ HYDROCORTISONE BUTYRATE “Locoid”
Cream, Ointment, Lipocream, emulsion, Locoid cream
BETAMETHASONE “Betnovate” Cream, Ointment, ‘Betacap’,
Diprosalic, RD, C, N, Fucibet (Dermatology only)
CLOBETASOL PROPIONATE “Dermovate”, CLOBETASOL/NYSTATIN/NEOMYCIN
ointment (Dermatology only - to treat pyoderma gangrenosum or erosive pustulosis
of the scalp only)
EXTEMPORANEOUS PREPARATION (for dermatologists only)
25% Dermovate in wsp
10% Dermovate in wsp
CLOBETASONE BUTYRATE “Eumovate”, “Trimovate” (outpatients
only)
FLUDROXYCORTIDE ‘Haelan’ tape
FLUOCINOLONE ACETONIDE “Synalar”
0.025% & 1 in 4 dilution
MOMETASONE “Elocon”
With Salicylic acid “Diprosalic” and scalp application
Nystaform HC
Trî-Adcortyl

13.5 PREPARATIONS FOR ECZEMA & PSORIASIS
13.5.1 Preparations for eczema
See emollients 13.2
ALITRETINOIN for severe hand eczema (TA177)
R
13.5.2 Preparations for psoriasis
"Cocos" Scalp Ointment CALCITRIOL (Silkis) Ointment
Dovobet gel (2nd line - dermatology only)
13.5.3 Drugs affecting the immune response
ADALIMUMAB ▼
R
CICLOSPORIN A
METHOTREXATE Tabs(Px folic acid tabs too)
A
TACROLIMUS (TA82)
A*
PIMECROLIMUS (Consultant Dermatologist only) (TA82)
A
USTEKINUMAB (TA180)
R
13.6 Acne and rosacea
  ‘Brevoxyl’
  ‘Dalacin T’
  Adapalene and ‘Epiduo’ gel dermatology only
  Co-Cyprindiol
  Isotretinoin (high dose – Dermatology Consultant only)  R

13.7 PREPARATIONS FOR WARTS & CALLUSES
  “Salactol” or equivalent
  “Salatac”
  SILVER NITRATE caustic pencil 95%
  IMIQUIMOD (consultant only)  R in initiated at RSCH but G if GP initiates

13.8 SUN SCREEN AND CAMOFLAGERS
  UVISTAT 30 (consultant only)
  Diclofenac 3% Gel ‘Solaraze’ (Dermatologists only)
  ‘Effudix’ (Dermatologists only)
  FLUOROURACIL and SALICYLATE soln (Actikerall®)
    (Dermatologists only)  R
  METHYL-5-AMINOLEVULINATE (Metvix®) Cream  R

13.9 SHampoos & OTHER PREPARATIONS FOR SCALP
  AND HAIR CONDITIONS
  Capasal
  Ketoconazole shampoo
  "Polytar" Liquid

13.10 ANTI-INFECTIVE SKIN PREPARATIONS
  13.10.1 Antibacterial preparations
    13.10.1.1 Antibacterial preps only used topically
      Use not encouraged. Consult with Microbiologist
      POLYMIXINS ‘Polyfax’
      MUPIROCIN (MRSA only)
      SILVER SULFADIAZINE  (for burns only)
    13.10.1.2 Antibacterial preparations also used
      systemically
      Fusidic Acid 2%
      METRONIDAZOLE 0.75% Gel
      MINOCYCLINE m/r capsules
      Tetracycline ointment 3%
  13.10.2 Antifungal preparations
    AMOROLFINE
    CLOTRIMAZOLE Cream, Dusting Powder, Solution
    Ketoconazole cream
    MICRONAZOLE Cream
    NYSTATIN Cream, Ointment
  13.10.3 Antiviral Preparations
    ACICLOVIR
  13.10.4 Parasiticidal Preparations
    Ivermectin (unlicensed) (consultant only)
    MALATHION
    PERMETHRIN
13.10.5 Preparations for Minor Cuts and Abrasions
Collodion Flexible
Povidone Iodine Ointment
Magnesium Sulphate Paste
Surgical Tissue Adhesive (in A&E - “LiquiBand” clear)

13.10 SKIN CLEANSERS, ANTISEPTICS and DESLOUGHING AGENTS
(see also materials management (NHS Supply Chain) and Infection Control Policy)

13.11.1 Alcohols and saline
ALCOHOL 75 – 100% (unlicensed)
SODIUM CHLORIDE 0.9% Sterile Solution 25ml, 100ml

13.11.2 Chlorhexidine salts
CHLORHEXIDINE
Chlorhexidine gluconate 0.05% Sterile Solution 25ml, 100ml
Chlorhexidine gluconate 0.015%+ Cetrimide 0.15%
Sterile Solution 25ml, 100ml sachets
Chlorhexidine gluconate 4% Cleansing Solution
Chlorhexidine gluconate 0.5% Hand Rub

13.11.4 Iodine
POVIDONE IODINE
Videne or equivalent

13.11.5 Phenolics
None available

13.11.6 Oxidisers and Dyes
HYDROGEN PEROXIDE 6% (20 volume)
POTASSIUM PERMANGANATE

13.11.7 Desloughing agents
Non available

DRESSINGS for primary wounds are available through material management not pharmacy, apart from
Carboflex (prescription only)
Gelfoam (unlicensed) R
POVIDONE IODINE fabric dressing

13.12 ANTIPERSPIRANTS
ALUMINIUM CHLORIDE
“Anhydrol Forte”
Glycopyrronium tablets (unlicensed) R
Botulinum Toxin (IFR) (consultant only) Black

13.13 TOPICAL CIRCULATORY PREPARATIONS
HEPARINOID 0.3%“Hirudoid” Cream

Sept 09
CHAPTER 14 – IMMUNOLOGICAL PRODUCTS AND VACCINES

All vaccines on local immunisation schedules are available via pharmacy.

14.5 IMMUNOGLOBULINS

14.5.1 Normal immunoglobulins (consultant only)
Intramuscular and subcutaneous for protection against Hepatitis A, measles and rubella, please contact the microbiology laboratory.

Intravenous infusion for deficiency syndromes
- PRIVIGEN (1st line)
- FLEBOGAMMA (named patients)

14.5.2 Disease specific immunoglobulins
- Hepatitis B immunoglobulin
- Varicellar zoster immunoglobulin

14.5.3 Anti-D (Rh0) immunoglobulin
Anti D (Rho) for prophylaxis in pregnant women – available via haematology (consultant only) (Rhophylac®) (TA156)

14.6 INTERNATIONAL TRAVEL
Preparations in this section are not available via RSCH pharmacy.
Private prescription for staff may be accepted in certain circumstances.
CHAPTER 15 - ANAESTHESIA

15.1 GENERAL ANAESTHESIA

15.1.1 Intravenous anaesthetics
THIOPENTAL SODIUM
KETAMINE
PROPOFOL 1% for anaesthesia in theatre
2% for sedation in ICU only

15.1.4 Sedative and analgesic peri-operative drugs

15.1.4.1 Benzodiazepines
DIAZEPAM
LORAZEPAM
MIDZOLAM (CD)
TEMAZEPAM (CD)

15.1.4.2 Non-opioid analgesics
▼ PARECOXIB (Stat doses x 2 only)

15.1.4.3 Opioid Analgesics
ALFENTANIL
FENTANYL
REMIFENTANIL (consultant only)

15.1.4.4 DEXMETHETOMIDINE (Dexdor®) (ITU consultants only)

15.1.5 Neuromuscular blocking drugs
ATRACURIUM
CISATRACURIUM (consultant only)
MIVACURIUM
PANCURONIUM
ROCURONIUM (consultant only)
VECURONIUM
SUXXAMETHONIUM

15.1.6 Drugs for reversal of neuromuscular blockade
NEOSTIGMINE
EDROPHONIUM
SUGAMMADEX

15.2 LOCAL ANAESTHESIA
ARTICAIN/ADRENALINE 4%/1:100,000 (Septanest®)
MFU only – 6 month appraisal until 0415
LIDOCAINE Injection, Dental Cartridges, Instillagel, Laryngojet,
Plasters ‘Versatis®’ (consultant pain team only)
LIDOCAINE with PHENYLEPHRINE topical solution with nasal
applicator
BUPIVACAINE
LEVOBUPIVACAINE (consultant only)
LIDOCAINE, ADRENALINE AND TETRACAINE GEL (LAT gel)
A&E only
PRILOCAINE (‘Prilotekal’ – Consultant only in Day case surgery)
ROPIVACAINE (consultant only)
TETRACAINE ‘Ametop Gel’
EMLA (2nd line and off-label agreed uses.
Also prior to capsaicin patches - 30g tube)
COCAINE (CD) paste 25% (unlicensed)
stere solution 10% (unlicensed)
MOFFET’S solution (unlicensed-ENT Consultants only)
METHYLTHIONINUM CHLORIDE (Methylene Blue)
CHAPTER 16 – MISCELLANEOUS

16.1 IMAGING AGENTS
16.1.1 MRI imaging
GADOBENATE DIMEGLUMINE (Multihance ®) (MRI only) R
GADOTERIC ACID (Dotarem®) (MRI only) R
GADOTERIDOL(Gadovist®) (MRI only) R
GADOXETIC ACID (Primovist®) (MRI only) R
SULPHUR HEXAFLUORIDE (Sonovue®) R

16.1.2 LiDCO imaging
Indocyanine Green (ITU Only) R

16.1.3 Corneal Angiography
Indocyanine Green (Eye Unit Only) R

16.2 BONE CEMENTS
16.2.1 Antibiotic Containing
Palacos R+G® R
Copal G+C® (2nd line for high risk and revisions only) R
Copal G+V® (3rd line only were Palacos R+G and copal G+C are not appropriate following microbiological sensitivities) R

16.3 TISSUE SEALANT
Evicel®

16.4 DIAGNOSTIC AGENTS
16.4.1 Cough reflex testing
Citric acid sachets 100mg sterile (SALT only) R
CHAPTER 17 - Drugs undergoing 6 month appraisal

These drugs are currently being appraised by specific departments within the Trust.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Department Assessing the Drug</th>
<th>Date of Appraisal Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apremilast</td>
<td>Dermatology and Rheumatology</td>
<td>June, 2016</td>
</tr>
</tbody>
</table>

At the end of their appraisal period an audit will be completed and presented at Drug and Therapeutics Committee. If the audit confirms that the drug is fulfilling its potential and is improving the management of patients, it will be granted full formulary status.

As a result of the inclusion of the new drug, consideration will be given to removal of another drug from the formulary.
1. Introduction

The tariff payment system is based on nationally calculated averages. It is expected that against the tariff, providers will incur a deficit or surplus in the course of providing a care event. A number of high cost drugs, devices, procedures and products have been excluded from the scope of the national tariff of payment by results (PbR) for 2015/2016. These drugs will either be:

- commissioned by specialised commissioning which is part of NHS England
- commissioned by the Clinical Commissioning Groups (CCGs) if prescribed within approved criteria

This document provides a statement of Guildford & Waverley CCG’s commissioning intentions and arrangements for managing these drug exclusions which are the responsibility of the CCGs for 2015/2016. PbR drug exclusions are linked to British National Formulary (BNF) categories where possible. Any new drugs added to these BNF categories within the financial year will be treated as drug exclusions. Activity will be monitored for the use of these drugs in line with NICE or locally commissioned criteria. PbR drug exclusions will only be funded at the Provider’s acquisition cost, with no additional costs added.

2. Commissioning Intentions

These commissioning intentions relate to tariff excluded drugs, devices and products that are commissioned by CCGs. (please refer to NHS England policies in relation to excluded drugs that are commissioned by them). Appendix 1 provides specific details of Guildford & Waverley CCG’s requirements for each excluded drug. All other drugs should be provided within the tariff price or are the responsibility of NHS England. Please note: There may be drugs listed in Appendix 1 that are the commissioning responsibility for CCGs but a commissioned service with a provider may not be in place and where this is the case an annotation will be made next to the drug.

New Interventions starting in 2015/16:

For patients starting new interventions Guildford & Waverley CCG:

- Will fund excluded drugs that are used in accordance with NICE technological appraisal recommendations or as detailed in Appendix 1. Baseline data must be recorded clearly in the patient’s notes in order to enable post payment verification audits in NHS Providers (with prior agreement) to assess whether excluded drugs are being used in accordance with agreed commissioning criteria.

- ALL other excluded drugs i.e. licensed but not yet subject to NICE review; unlicensed; or new high cost drugs that are in-year developments will only be funded following the agreement of an in year service development by Guildford & Waverley CCG’s board (after consideration by and support of the Prescribing Clinical Network) or for an individual patient in exceptional clinical circumstances / rarity request (see Guildford & Waverley CCG Policy and Operating Procedures for Dealing with Individual Funding Requests).

- Guildford & Waverley CCG will accept retrospective notification for excluded drugs that are used in accordance with NICE technological appraisal and in the rare cases when an excluded drug must be initiated immediately due to urgent clinical need. The patient must meet ALL pre-determined criteria and where necessary (i.e. where a patient is not found to meet Guildford & Waverley CCG’s criteria), Trusts will be asked to make an adjustment to the invoice. All notification ‘tick box’ forms must be received by Guildford & Waverley CCG via the web-based database https://www.blueteq-secure.co.uk/trust within 2 weeks of the requested funding treatment being initiated.

- Clinical trials and compassionate funding: Funding arrangements for the period following completion of a clinical trial must be agreed with the commissioners prior to the trial commencing. It should be noted that Guildford & Waverley CCG does not normally fund medicines following the completion of a clinical trial or withdrawal of compassionate funding by a pharmaceutical company. Ethically, patients participating in a clinical trial must be made aware that there is no guarantee that the medicine will be continued at the end of the trial, irrespective of the results (Guildford & Waverley CCG has adopted SEC PRC PR2010-02 in relation to NHS pick up of trial funding).

---

1 The CCG has a statutory duty to fund technological appraisals within 3 months of publication, unless otherwise stated on the guidance
Please note that where this document refers to historical PCTs, this should now apply to CCGs.

NHS England Transfer of Drugs in Year: Principles & Approach. These principles will apply to any tariff excluded drugs transferred from NHS England in year.

- For any such transfers a contract variation in year will be required. Before such a variation will be effected the CCG will require assurance regarding the governance and operational arrangements in effect at the provider in order to ensure best clinical and operational practices are in place.

- Until such time as the CCG is suitably assured, and a change note enacted, the drugs list as contracted at 1 April will continue to apply

- **Private patients:** If NHS funding is being requested for excluded drugs, the patient should be referred into the appropriate NHS services in order that an application for funding can be made to the CCG in the usual way as for NHS patients. NHS patients who have previously received private treatment will not be given an unfair advantage over other NHS patients.

- **Patients changing responsible commissioner:** Guildford & Waverley CCG follow the SEC PRC PR2011-01. Please note that where this document refers to historical PCTs, this should now apply to CCGs.

• **Copayment:** Guidance on NHS patients who wish to pay for additional private care was published on 23rd March 2009, by the Department of Health. NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care. Prior to initiating a referral for copayment, the consultant should exhaust all reasonable avenues for securing NHS funding before suggesting a patient's only option is to pay for care privately. Prior to starting copayment treatment patients must be informed:
  - That the additional treatment and any associated costs are not being funded by the NHS
  - Of the associated costs from the private care provider
  - That if they become unable to fund their treatment (i.e. 'run out of money') that the treatment will stop. The NHS will not provide treatment.
  - That if the NHS decided to fund this treatment in the future, the NHS would not normally refund the cost of treatment already given privately.

See individual Trusts operational policies for co-payment

3. Funding arrangements

Appendix 1 provides details of funding arrangements for each excluded drug. There may be some minor variations between Trusts, based on local negotiations.

Guildford & Waverley CCG has developed a series of standard forms (‘tick box’ or individual funding request form). These forms must be used for either prior approval or notification as applicable. Forms must be submitted to Guildford & Waverley CCG electronically via the web-based database [https://www.blueteq-secure.co.uk/trust/](https://www.blueteq-secure.co.uk/trust/).

Guildford & Waverley CCG will not accept scanned forms, data embedded into an email or emails from a non nhs.net account. The patient must meet ALL pre-determined criteria for funding to be approved.

Invoices should be submitted to Guildford & Waverley CCG every month and a minimum supporting dataset must be sent by the 10th working day of the following month to the Data Services for Commissioning Regional Offices (DSCRO) or the CCG (if requested) if it has Accredited Safe Haven Status (ASH).

- Patient identifier (Hospital number and NHS number)
- GP and practice post code
- Drug – for any drugs for which biosimilar products become available, prescribing and reporting via SLAM must be done using the brand name (MHRA recommendation)
- Amount of drug issued
Consultant or Specialty

Date of dispensing

Acquisition costs of drugs on the invoice (on request but should be same as price charged)

Confirmation that the patient (or in the case of a minor or vulnerable adult, with the parent/legal guardian/carer) has given appropriate explicit consent for relevant personal, confidential, and sensitive information (which may be verified using the Patient Demographic System) to be passed to the CCG for processing a funding request and for validating subsequent invoices. This includes the CCG Pharmaceutical Commissioning Team who are responsible for approving funding of PbR excluded drugs and IFRs, confirming continuing response to treatments and processing invoices. Consent is only required ONCE at the point of funding request.

A database of requests and decisions will be maintained by Guildford & Waverley CCG in order to facilitate checking invoices. A full dataset must be provided with all invoices to enable payment. If this information is not available Guildford & Waverley CCG will be unable to authorise payment resulting in delays.

Post payment verification

Guildford & Waverley CCG may request / carry out post payment verification audits in NHS Trusts, with prior agreement, to assess whether high cost drugs are being used in accordance with agreed commissioning criteria (Up to 2 audits per year to be agreed with Trusts).

Patient follow up & ongoing arrangements for funding

- The Trust should ensure that criteria for stopping treatment are discussed with the patient before a drug is initiated. *The notes should reflect this discussion and that the patient has agreed to these conditions*

- Guildford & Waverley CCG will routinely request within the appropriate timescales that Trusts provide objective evidence of response to establish whether or not a patient has responded to treatment in line with criteria included within NICE TAs/locally commissioned guidelines or as stipulated for individual funding request approvals. If it is not possible to provide objective data Guildford & Waverley CCG may consider subjective data. Guildford & Waverley CCG will expect that information in relation to patient response will be received within 3 months of the request; after 3 months if no information has been received Guildford & Waverley CCG will assume that treatment has been discontinued and funding is no longer required. Any treatment provided beyond this point will be from within the Trust’s resources.

- Where a patient has shown inadequate or no response (against NICE TA criteria/locally commissioned guidelines or as stipulated for individual funding request approvals), Guildford & Waverley CCG will notify both the consultant concerned and the pharmacy department of this. The consultant concerned at this point can apply to Guildford & Waverley CCG for continued funding via the individual funding request route if they consider it appropriate for the patient to continue treatment and the patient demonstrates exceptional clinical circumstances. If Guildford & Waverley CCG does not receive an individual funding request form within ONE month funding will be withdrawn. Any treatment provided beyond this point will be from within the Trust’s resources.

- Trusts may appeal a decision to withdraw funding. The appeal should be submitted in writing and be backed up by patient specific data (this should include subjective and objective data summarising the patient’s current clinical status).

- Where Guildford & Waverley CCG has approved a treatment for a specified time period or specified number of treatments the Blueteq Database status will alert the Acute Trust where follow-up is required. It is then the responsibility of the Acute Trust to provide the required information to Guildford & Waverley CCG via a continuation form (if available) on the Blueteq Database, for further funding to be approved within the specified timescale

- If shared care is agreed with a GP after a patient has stabilised on treatment it is the responsibility of the Provider to notify Guildford & Waverley CCG

4. Responsibilities

Guildford & Waverley CCG will ensure efficient processing of all application for funding and will work to the following standards:

- **Prior Approval (tick box forms)** - Funding decision provided within 5 working days for 95% of requests received

- **Prior Approval (individual funding requests)** – Requests will be processed and if eligible for panel at clinical triage, taken to the IFR panel within 25 days of requests being received. At the panel meeting, the decision will be made to fund, not fund or, if necessary, defer the decision for more information. Currently IFR panels are held, once every month – for more details see Guildford & Waverley CCG’s Policy and Operating Procedures for dealing with Individual Funding Requests).

Achievement of these standards is dependent upon the CCG receiving an appropriate level of detail and supporting references (where applicable). Trusts are also asked to note that this standard applies from the point when the CCG is in receipt of full information to
support the funding request. Both parties will strive to achieve these requirements and targets and will monitor performance against the defined standards.

Completion of forms
Trusts should ensure that all sections of the form are completed and that any supporting data is forwarded with the request. Requests requiring consideration more rapidly than above should be clearly marked ‘urgent’ and state the reason(s) as to why they are urgent. Where it is not clinically safe to wait for a funding decision, the Trust may start the treatment and forward the completed application form to Guildford & Waverley CCG at the earliest possible opportunity. Financial risk rests with the Acute Trust under these circumstances.

Trusts are asked to ensure a rapid and full response to Guildford & Waverley CCG questions raised in response to requests.

5. Pass Through
Pass-through payments are additional payments made to Providers over and above the relevant tariff reimbursement for use of a particular drug (which is not included in the PbR excluded drug list) which could not have been expected when the price of the HRG was established. Primarily this applies to new drugs but could also apply to drugs that are not new but are of disproportionate cost relative to the HRG tariff. DH criteria for pass-through payments:

- Delivered in a limited number of centres and
- Of disproportionate cost relative to the HRG tariff
- And for new use for existing drugs, also coded to a relatively high volume HRG where the activity within the HRG is heterogeneous in nature.

Guildford & Waverley CCG’s definition of disproportionality in this context is:

- For an individual drug that the additional / incremental cost Full Year Effect (FYE) per patient is no less than £2,000 over the existing therapy that is within tariff.
- The Part Year Effect of the cost pressure to any individual provider of the drugs at purchase price (including VAT where applicable) is greater than £50,000, based on the estimated number of patients put forward for this service development.

Guildford & Waverley CCG will review the cost effectiveness evidence (including NICE) prior to agreeing a pass-through payment. The price attached to the pass-through payment relates only to the additional costs associated directly with the drug and its use relative to the cost of alternative treatment. Pass-through payments will be reviewed by Guildford & Waverley CCG before the start of each financial year to see if the usage of the drug is to be included in the relevant tariff reimbursement.

Providers should apply to Guildford & Waverley CCG for pass-through payment for a new drug by submitting a business case for consideration by the Prescribing Clinical Network (unless the drug is NICE approved / defined within specialist commissioning arrangements and a tick box form has been produced and a pass-through payment agreed through contracting). Decisions made by the Prescribing Clinical Network will be ratified by Guildford & Waverley CCG’s board and once ratified a pass-through payment will be agreed through contracting.
### BNF category: Cytokine Inhibitors (an)
- Sections 1.5 Cytokine modulators and 10.1.3 Cytokine inhibitors

*NB* – for any drugs for which biosimilar products become available, prescribing and reporting via SLAM must be done using the **brand name** (MHRA recommendation)

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
</table>
| Abatacept      | Rheumatoid Arthritis| August 2010 TA 195 | Adults as per Guildford & Waverley CCG RA biologic drugs treatment pathway (NOTE children commissioned via NHS England <18 years)  
  - Tick box form*  
  - Notification |
|                |                     | April 2013 TA 280  | RA biologic treatment pathway S |
|                |                     |                  | Note: Subcutaneous route of administration is preferred |
| Adalimumab     | Crohn's disease     | May 2010 TA 187   | Adults only (children commissioned via NHS England <18 years)  
  - Tick box form  
  - Notification |
|                |                     | PCN 133-2014      | Sequential use - adults >18 years agreed at Prescribing Clinical Network in December 2014  
  - Tick box form  
  - Notification |
|                |                     | PCN 134-2014      | Dose escalation - adults >18 years agreed at Prescribing Clinical Network in December 2014  
  - Tick box form  
  - Notification |
| Adalimumab     | Rheumatoid Arthritis| Oct 2007 TA 130   | Adults as per Guildford & Waverley CCG RA biologic drugs treatment pathway – (NOTE children commissioned via NHS England <18 years)  
  - Tick box form  
  - Notification |
|                |                     | August 2010 TA 195| RA biologic treatment pathway S |
| Adalimumab     | Psoriatic Arthritis | August 2010 TA 199| Adults as per Guildford & Waverley CCG PsA biologic drugs treatment pathway  
  - Tick box form  
  - Notification |

Page 59 of 74
<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalimumab</td>
<td>Ankylosing spondylitis</td>
<td>May 2008 TA 143</td>
<td>Adults as per Guildford &amp; Waverley CCG AS biologic drugs treatment pathway (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Notification</td>
</tr>
<tr>
<td>Adalimumab</td>
<td>Plaque Psoriasis</td>
<td>June 2008 TA 146</td>
<td>Adults as per Guildford &amp; Waverley CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Notification</td>
</tr>
<tr>
<td>Adalimumab</td>
<td>Hand &amp; Foot Psoriasis</td>
<td>April 2011 PCN</td>
<td>Adults as per Guildford &amp; Waverley CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tick box form – as per locally commissioned criteria (only adults)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Notification</td>
</tr>
<tr>
<td>Adalimumab</td>
<td>All other indications for adults (&gt;18 years)</td>
<td></td>
<td>Adults as per Guildford &amp; Waverley CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Prior approval essential</td>
</tr>
<tr>
<td>Adalimumab</td>
<td>Moderately to Severely Active Ulcerative Colitis</td>
<td></td>
<td>Adults as per Guildford &amp; Waverley CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Prior approval essential</td>
</tr>
<tr>
<td>Certolizumab Pegol</td>
<td>Rheumatoid Arthritis</td>
<td>Feb 2010 TA 186</td>
<td>Adults as per Guildford &amp; Waverley CCG RA biologic drugs treatment pathway – (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Notification</td>
</tr>
<tr>
<td>Certolizumab Pegol</td>
<td>Axial Spondyloarthritis</td>
<td></td>
<td>Adults as per Guildford &amp; Waverley CCG RA biologic drugs treatment pathway – (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Prior approval essential</td>
</tr>
<tr>
<td>Drug</td>
<td>Condition</td>
<td>Commission Date</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------</td>
<td>-----------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Certolizumab Pegol</td>
<td>Psoriatic Arthritis</td>
<td>Adults as per Guildford &amp; Waverley CCG Psoriatic Arthritis Biologic treatment pathway – (NOTE children commissioned via NHS England &lt;18 years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Notification</td>
</tr>
<tr>
<td>Certolizumab Pegol</td>
<td>Ankylosing Spondylitis</td>
<td>Adults as per Guildford &amp; Waverley CCG Ankylosing Spondylitis Biologic treatment pathway – (NOTE children commissioned via NHS England &lt;18 years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Notification</td>
</tr>
<tr>
<td>Etanercept</td>
<td>Rheumatoid Arthritis</td>
<td>Oct 2007 TA 130</td>
<td>Adults as per Guildford &amp; Waverley CCG RA biologic drugs treatment pathway – note certolizumab is the preferred first line choice TNF inhibitor (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>August 2010 TA 195</td>
<td></td>
</tr>
<tr>
<td>Etanercept</td>
<td>Hand &amp; Foot Psoriasis</td>
<td>April 2011 APC</td>
<td>Adults as per Guildford &amp; Waverley CCG AS biologic drugs treatment pathway (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tick box form – as per locally commissioned criteria (adults only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Notification</td>
</tr>
<tr>
<td>Etanercept</td>
<td>Ankylosing spondylitis</td>
<td>May 2008 TA 143</td>
<td>Adults as per Guildford &amp; Waverley CCG PsA biologic drugs treatment pathway (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Notification</td>
</tr>
<tr>
<td>Etanercept</td>
<td>Psoriatic arthritis</td>
<td>August 2010 TA 199</td>
<td>Adults as per Guildford &amp; Waverley CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td>Etanercept</td>
<td>Plaque Psoriasis</td>
<td>July 2006 TA 103</td>
<td>Adults as per Guildford &amp; Waverley CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Notification</td>
</tr>
</tbody>
</table>

**Notes:**
- **RA biologic treatment pathway S**
- **PsA biologic drugs treatment pathway**
- **Guidelines on use of biologics in psoriasis**
<table>
<thead>
<tr>
<th>Drug</th>
<th>Indications</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Etanercept | All other indications for adults (>18 years)         | - Individual Funding Requests  
- Prior approval essential                                                |
| Golimumab  | Rheumatoid arthritis                                 | Adults as per Guildford & Waverley CCG RA biologic drugs treatment pathway – (NOTE children commissioned via NHS England <18 years)  
- Correspondence with pharmaceutical commissioning team  
- Notification                                                                 |
|            |                                                      | June 2011  
TA 225 & 224                                                        |
| Golimumab  | Ankylosing spondylitis                               | Adults as per Guildford & Waverley CCG AS biologic drugs treatment pathway (NOTE children commissioned via NHS England <18 years)  
- Correspondence with pharmaceutical commissioning team  
- Notification                                                                 |
|            |                                                      | August 2011  
TA 233                                                             |
| Golimumab  | Psoriatic arthritis                                  | Adults as per Guildford & Waverley CCG PsA biologic drugs treatment pathway (NOTE children commissioned via NHS England <18 years)  
- Correspondence with pharmaceutical commissioning team  
- Notification                                                                 |
|            |                                                      | April 2011  
TA 220                                                             |
| Golimumab  | Moderately to severely active Ulcerative Colitis     | Prior to NICE / Prescribing Clinical Network decision - adults only (>18 years)  
(NOTE children commissioned via NHS England <18 years)  
- Individual Funding Requests  
- Prior approval essential                                                  |
|            |                                                      | Oct 2007  
TA 130                                                             |
| Infliximab | Rheumatoid Arthritis                                 | Adults as per Guildford & Waverley CCG RA biologic drugs treatment pathway – (NOTE children commissioned via NHS England <18 years) |
|            |                                                      | Oct 2007  
TA 130                                                             |
<table>
<thead>
<tr>
<th>Drug</th>
<th>Condition</th>
<th>Date</th>
<th>TA Number</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infliximab</td>
<td>Crohn's disease</td>
<td>May 2010</td>
<td>TA 187</td>
<td>Tick box form adults &gt;18 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PCN 133 -2014</td>
<td></td>
<td>Notification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PCN 134-2014</td>
<td></td>
<td><strong>Sequential use - adults &gt;18 years agreed at Prescribing Clinical Network in December 2014</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Dose escalation - adults &gt;18 years agreed at Prescribing Clinical Network in December 2014</strong></td>
</tr>
<tr>
<td>Infliximab</td>
<td>Plaque Psoriasis</td>
<td>Jan 2008</td>
<td>TA 134</td>
<td>Adults as per Guildford &amp; Waverley CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via NHS England &lt;18 years )</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Notification</td>
</tr>
<tr>
<td>Infliximab</td>
<td>Ankylosing spondylitis</td>
<td>May 2008</td>
<td>TA 143</td>
<td>Adults as per Guildford &amp; Waverley CCG AS biologic drugs treatment pathway (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prior approval essential</td>
</tr>
<tr>
<td>Infliximab</td>
<td>Acute Exacerbations of Ulcerative Colitis</td>
<td>Dec 2008</td>
<td>TA 163</td>
<td>Tick box form – acute exacerbations adults only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Notification</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>(NOTE children commissioned via NHS England &lt;18 years)</strong></td>
</tr>
<tr>
<td>Infliximab</td>
<td>Moderately to severely active Ulcerative Colitis</td>
<td>Review of TA 140 (April 2008) (Sub acute manifestations of Ulcerative Colitis)</td>
<td></td>
<td>Prior to NICE / Prescribing Clinical Network decision - adults only (&gt;18 years) (NOTE children commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prior approval essential</td>
</tr>
<tr>
<td>Drug</td>
<td>Indication</td>
<td>Date and TA Number</td>
<td>Treatment Pathway Notes</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------</td>
<td>--------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Infliximab</td>
<td>Psoriatic arthritis</td>
<td>April 2011 TA 199</td>
<td>Adults as per Guildford &amp; Waverley CCG PsA biologic drugs treatment pathway</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(NOTE children commissioned via NHS England &lt;18 years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Individual Funding Requests</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Prior approval essential</td>
<td></td>
</tr>
<tr>
<td>Infliximab</td>
<td>All other indications for adults (&gt;18 years)</td>
<td></td>
<td>Adults as per Guildford &amp; Waverley CCG PsA biologic drugs treatment pathway</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(NOTE children commissioned via NHS England &lt;18 years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Individual Funding Requests</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Prior approval essential</td>
<td></td>
</tr>
<tr>
<td>Rituximab</td>
<td>Rheumatoid Arthritis</td>
<td>August 2010 TA 195</td>
<td>Adults as per Guildford &amp; Waverley CCG RA biologic drugs treatment pathway</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(NOTE children commissioned via NHS England &lt;18 years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Tick box (repeat dosing in line with Guildford &amp; Waverley CCG locally commissioned criteria – separate tick box form)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Notification</td>
<td></td>
</tr>
<tr>
<td>Rituximab</td>
<td>Idiopathic thrombocytopenic purpura</td>
<td>September 2009 APC</td>
<td>▪ Tick box form – as per Guildford &amp; Waverley CCG locally commissioned criteria</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Notification</td>
<td></td>
</tr>
<tr>
<td>Rituximab</td>
<td>Auto immune Haemolytic Anaemia (AIHA)</td>
<td>September 2009 APC</td>
<td>▪ Tick box form – as per Guildford &amp; Waverley CCG locally commissioned criteria</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Notification</td>
<td></td>
</tr>
<tr>
<td>Rituximab</td>
<td>All other indications for adults commissioned by CCGs The following are commissioned by NHS England: cancer treatment / haemophilia / connective tissue disease – interstitial lung disease/ SLE / ANCA vasculitis / nephritis</td>
<td></td>
<td>▪ Individual Funding Requests</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Prior approval essential</td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>Indication</td>
<td>Approval Details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(NOTE children commissioned via NHS England &lt;18 years)</td>
<td>• Tick box form*&lt;br&gt;• Notification&lt;br&gt;RA biologic treatment pathway S</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: Subcutaneous route of administration is preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tocilizumab</td>
<td>All other indications for adults (&gt;18 years)</td>
<td>• Individual Funding Requests&lt;br&gt;• Prior approval essential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apremilast</td>
<td>Psoriatic Arthritis</td>
<td>Once licensed prior to NICE / Prescribing Clinical Network decision – adults only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Individual Funding Requests&lt;br&gt;• Prior approval essential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apremilast</td>
<td>Psoriasis</td>
<td>Once licensed prior to NICE / Prescribing Clinical Network decision – adults only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Individual Funding Requests&lt;br&gt;• Prior approval essential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tocafitinib</td>
<td>Psoriasis</td>
<td>Once licensed prior to NICE / Prescribing Clinical Network decision – adults only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Individual Funding Requests&lt;br&gt;• Prior approval essential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secukinumab</td>
<td>Psoriasis</td>
<td>Once licensed prior to NICE / Prescribing Clinical Network decision – adults only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Individual Funding Requests&lt;br&gt;• Prior approval essential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secukinumab</td>
<td>Psoriatic Arthritis</td>
<td>Once licensed prior to NICE / Prescribing Clinical Network decision – adults only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Individual Funding Requests&lt;br&gt;• Prior approval essential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vercirnon</td>
<td>Crohn’s disease</td>
<td>Prior to NICE / Prescribing Clinical Network decision - adults only (&gt;18 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(NOTE children commissioned via NHS England &lt;18 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vedolizumab</td>
<td>Moderately to severely active Ulcerative Colitis</td>
<td>Prior to NICE / Prescribing Clinical Network decision - adults only (&gt;18 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(NOTE children commissioned via NHS England &lt;18 years)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 65 of 74
Vedolizumab | Crohn’s Disease | Prior to NICE / Prescribing Clinical Network decision - adults only (>18 years) (NOTE children commissioned via NHS England <18 years)
- Individual Funding Requests
- Prior approval essential

### BNF Category Vasodilator Antihypertensive Drugs / Primary Pulmonary Hypertension Drugs (PPH)
Sections 2.5.1 bosentan & iloprost, 2.8.1 epoprostenol, 7.4.5 sildenafil (for PPH only)

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iloprost</td>
<td>Raynaud’s disease</td>
<td>-</td>
<td>Tick Box form</td>
</tr>
<tr>
<td>Epoprostenol</td>
<td></td>
<td></td>
<td>Notification</td>
</tr>
</tbody>
</table>

### BNF category: Fibrinolytic drugs
Section 2.10.2 blood Alteplase

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
</table>
| Alteplase      | Stroke              | TA 122 | Alteplase for stroke will continue to receive a targeted adjustment of £828 when HRG AA22A/B (non-transient stroke or cerebrovascular accident, nervous systems infection or encephalopathy) is coded with unbundled HRG XD07Z (fibrinolytic drugs band 1). This is paid for through contracting and therefore should NOT be invoiced with the PbR excluded drugs. Reference:  
  - Annex 5a: National Prices - BPT (Best Practice Tariff)Tab  
  - Annex 4a: Additional information on currencies with national prices. Section 4.1 Acute stroke care |

### BNF category: Anti-fibrinolytic Drugs / Haemostatics Blood Products
Section 2.11 Blood products

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibrin Sealants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BNF category: 2.12 Lipid-regulating drugs

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
</table>
| Evolocumab     | Hyperlipidaemia (including mixed dyslipidaemia, as monotherapy or with a statin) | Confirming with NHS England if this is commissioned by them or CCGs Once licensed prior to NICE / Prescribing Clinical Network decision – adults only  
- Individual Funding Requests  
- Prior approval essential |

### BNF category: Torsion Dystonias and other involuntary movements
4.9.3 torsion dystonias and other involuntary movements

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botulinum toxin</td>
<td>Hyperhidrosis</td>
<td>PCN 11-2012</td>
<td></td>
</tr>
<tr>
<td>Botulinum toxin</td>
<td>Indication</td>
<td>Reference</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------</td>
<td>------------</td>
<td>-----------</td>
<td>-------</td>
</tr>
<tr>
<td>Facial lines</td>
<td>PR 2010-03</td>
<td>Individual Funding Requests</td>
<td>Prior approval essential</td>
</tr>
<tr>
<td>Sialorrhoea</td>
<td>June 2012 TA 260</td>
<td>Individual Funding Requests</td>
<td>Prior approval essential</td>
</tr>
<tr>
<td>Headache and migraine</td>
<td>PR 2010-05</td>
<td>Tick box form</td>
<td>Notification</td>
</tr>
<tr>
<td>Blepharospasm</td>
<td>Invoice</td>
<td>Invoice</td>
<td></td>
</tr>
<tr>
<td>Overactive Bladder</td>
<td>PCN 10-2012</td>
<td>Invoice</td>
<td></td>
</tr>
<tr>
<td>Use for other licensed indications as agreed in local Trust guidelines:</td>
<td>Invoice</td>
<td>Use as agreed for other licensed indications as per local Trust guidelines:</td>
<td>Use for other unlicensed indications:</td>
</tr>
<tr>
<td>Focal spasticity, Torsion dystonias, hemifacial spasm and spasmodic torticollis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anal fissures</td>
<td>This treatment is only funded for the treatment of chronic anal fissures for adults whose condition has failed to heal spontaneously, and chronic symptoms have persisted for more than 6 weeks. Symptoms of chronicity may include the presence of papilla, visible internal sphincter, chronic inersphincteric abscess, pain and bleeding. One treatment with botulinum toxin will be funded if the anal fissure fails to heal during the three month period of chemical sphincterotomy effectiveness, and chronic symptoms persist, surgical sphincterotomy may be indicated. To be eligible for treatment with botulinum toxin all other appropriate non-surgical, pharmacological and dietary treatments for chronic anal fissure must have been tried and failed</td>
<td>Invoice</td>
<td>Uses outside of agreed criteria above:</td>
</tr>
<tr>
<td>Riluzole</td>
<td>ALS form of Motor Neurone Disease (MND)</td>
<td>Jan 2001 TA 20</td>
<td>Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual Funding Requests</td>
</tr>
</tbody>
</table>
Shared Care with GPs supported by Guildford & Waverley CCG: Acute Trust must inform Guildford & Waverley CCG once prescribing has been transferred to primary care.

### BNF category: Growth hormone and growth hormone receptor antagonists & Vasopressin Analogue
#### Section 6.5.1 Growth Hormone & Growth Hormone receptor antagonists.

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatropin (adults)</td>
<td>NICE approved uses only <strong>Omnitrope® is Guildford &amp; Waverley CCG’s first line growth hormone</strong></td>
<td>Aug 2003 TA 64</td>
<td>▪ Tick box form&lt;br&gt;▪ Notification&lt;br&gt;Shared care with GPs supported by Guildford &amp; Waverley CCG if funding already in place</td>
</tr>
<tr>
<td>Somatropin (children)</td>
<td>NICE approved uses only (Note: Turner’s syndrome now commissioned by NHS England)</td>
<td>May 2010 TA 188</td>
<td>▪ Tick box form&lt;br&gt;▪ Notification</td>
</tr>
</tbody>
</table>

### BNF category: Drugs affecting bone metabolism
#### Section 6.6.1 Teriparatide & Parathyroid Hormone.

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teriparatide</td>
<td>Post menopausal osteoporosis – up to 18 months treatment (treatment for male osteoporosis now commissioned by NHS England)</td>
<td>Oct 2008 TA 161</td>
<td>▪ Tick box form (does not include license extension to 24 months for which funding is not routinely supported – PCN Jan 2011)&lt;br&gt;▪ Notification&lt;br&gt;For treatment up to 24 months:&lt;br&gt;▪ Individual Funding Requests&lt;br&gt;▪ Prior approval essential</td>
</tr>
<tr>
<td>Parathyroid Hormone</td>
<td>Post menopausal osteoporosis</td>
<td></td>
<td>▪ Individual Funding Requests&lt;br&gt;▪ Prior approval essential</td>
</tr>
<tr>
<td>Odanacatib</td>
<td>Post menopausal osteoporosis</td>
<td></td>
<td>Once licensed prior to NICE / Prescribing Clinical Network decision&lt;br&gt;▪ Individual Funding Requests&lt;br&gt;▪ Prior approval essential</td>
</tr>
</tbody>
</table>

### BNF category: Anti-neoplastic drugs for non-chemotherapy indications
## Section 8.1.5 Bevacizumab

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bevacizumab</td>
<td>Diabetic Macular Oedema</td>
<td>Area Prescribing Committee October 2010</td>
<td>For patients who do not meet the treatment criteria for NICE TA274 – ranibizumab for diabetic macular oedema in line with Surrey Area Prescribing Committee (APC) recommendation from October 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Notification</td>
</tr>
<tr>
<td>Bevacizumab</td>
<td>Intermediate or posterior uveitis</td>
<td>PCN October 2013</td>
<td>A second line treatment option for patients with non-infectious sight threatening or sight-losing intermediate or posterior uveitis who are not suitable for treatment with intravitreal dexamethasone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Notification</td>
</tr>
<tr>
<td>Bevacizumab</td>
<td>Macular Oedema secondary to central or branch retinal vein occlusion</td>
<td></td>
<td>Funding not routinely supported by APC Feb 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Prior approval essential</td>
</tr>
<tr>
<td>Bevacizumab</td>
<td>Myopic Choroidal Neovascularisation (CNV)</td>
<td></td>
<td>Funding not routinely supported by APC Oct 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Prior approval essential</td>
</tr>
<tr>
<td>Bevacizumab</td>
<td>Other non-AMD CNV</td>
<td></td>
<td>Funding not routinely supported by APC Oct 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Prior approval essential</td>
</tr>
</tbody>
</table>

### BNF category: Gout and cytotoxic-induced hyperuricaemia

Section 8.2.4 and 10.1.4 Canakinumab and Pegloticase

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canakinumab</td>
<td>Gouty arthritis</td>
<td>April 2013 TA281 (terminated)</td>
<td>Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Prior approval essential</td>
</tr>
<tr>
<td>Pegloticase</td>
<td>Severe debilitating chronic tophaceous gout</td>
<td>June 2013 TA291 (negative)</td>
<td>Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Prior approval essential</td>
</tr>
</tbody>
</table>

### BNF category: Hormone Antagonists

Section 8.3.4 Octreotide and Lanreotide – non cancer use only (use in cancer & acromegaly commissioned by NHS England)
<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lanreotide</td>
<td>Non-cancer indications (excluding acromegaly which is also commissioned by NHS England)</td>
<td>-</td>
<td>Use as agreed in local Trust guidelines</td>
</tr>
<tr>
<td>Octreotide</td>
<td></td>
<td></td>
<td>- Uses outside of local Trust guidelines</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Prior approval essential</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Palliative care</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Notification – shared care with GPs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>BNF category: Platelet Disorder Drugs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Section 9.1.4 Eltrombopag, Romiplostim &amp; Avatrombobag</strong></td>
</tr>
<tr>
<td>Eltrombopag</td>
<td>Chronic ITP</td>
<td>July 2013 TA 293</td>
<td>As per Guildford &amp; Waverley CCG ITP treatment pathway (NOTE treatment from paediatric haematology centres commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Notification</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="ITP_pathway_Nov_2013.pdf" alt="ITP pathway Nov 2013.pdf" /></td>
</tr>
<tr>
<td>Eltrombopag</td>
<td>All other indications</td>
<td></td>
<td>Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Prior approval essential</td>
</tr>
<tr>
<td>Romiplostim</td>
<td>Chronic ITP</td>
<td>April 2011 TA 221</td>
<td>As per Guildford &amp; Waverley CCG ITP treatment pathway (NOTE treatment from paediatric haematology centres commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tick box form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Notification</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="ITP_pathway_Nov_2013.pdf" alt="ITP pathway Nov 2013.pdf" /></td>
</tr>
<tr>
<td>Romiplostim</td>
<td>All other indications</td>
<td></td>
<td>Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Prior approval essential</td>
</tr>
<tr>
<td>Avatrombopag</td>
<td>Chronic ITP</td>
<td></td>
<td>Once licensed prior to NICE / Prescribing Clinical Network decision (NOTE treatment from paediatric haematology centres commissioned via NHS England &lt;18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual Funding Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Prior approval essential</td>
</tr>
</tbody>
</table>

Page 70 of 74
## BNF category: Enzymes
### Section 10.3.1 Collagenase (only when used in outpatients)

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
</table>
| Collagenase (Xiapex®) (May not be a commissioned service by the provider. Please confirm with CCG contracting team) | Dupuytren’s contracture | PCN 21-2012 | In line with PCN recommendation June 2012 (will be reviewed when NICE guidance is published in April 2015)  
- Tick box form  
- Notification |
| Collagenase (Xiapex®) | Peyronie’s disease | | Once licensed prior to NICE / Prescribing Clinical Network decision  
- Individual Funding Requests  
- Prior approval essential |
| Collagenase (Xiapex®) | Frozen Shoulder | | Once licensed prior to NICE / Prescribing Clinical Network decision  
- Individual Funding Requests  
- Prior approval essential |

## BNF category: Intravitreal corticosteroids
### Section 11.4.1 Dexamethasone and Fluocinolone intravitreal implants

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
</table>
| Dexamethasone intravitreal implant (Ozurdex®) | Macular oedema (RVO) | July 2011 TA 229 | As per Guildford & Waverley CCG RVO treatment pathway (PCN August 2013)  
- Tick box form  
- Notification |
| Dexamethasone intravitreal implant (Ozurdex®) | Uveitis | PCN September 2012 |  
- Tick box form  
- Notification |
| Dexamethasone intravitreal implant (Ozurdex®) | Diabetic macular oedema | | Once licensed prior to NICE / Prescribing Clinical Network decision  
- Individual Funding Requests  
- Prior approval essential |
| Fluocinolone acetonide (intravitreal implant) | Diabetic macular oedema | November 2013 TA 301 |  
- Tick box form  
- Notification |

## BNF category: Subfoveal choroidal neovascularisation
### Section 11.8.2 Aflibercept, Pegatinib, Ranibizumab and Verteporfin

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
</table>
| Ranibizumab (Lucentis®) | Wet Age related macular degeneration (AMD) | Aug 2008 TA 155 | Providers are required to have registered with Novartis to receive a discounted price from listed  
- Tick box form  
- Notification |
<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>Date/TA</th>
<th>Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranibizumab (Lucentis®)</td>
<td>Diabetic Macular oedema</td>
<td>Feb 2013 TA 274</td>
<td>• Tick box form</td>
</tr>
<tr>
<td>Ranibizumab (Lucentis®)</td>
<td>Retinal vein occlusion</td>
<td>May 2013 TA 283</td>
<td>• Notification&lt;br&gt;As per Guildford &amp; Waverley CCG RVO treatment pathway (PCN August 2013)</td>
</tr>
<tr>
<td>Ranibizumab (Lucentis®)</td>
<td>Choroidal neovascularisation (pathological myopia)</td>
<td>November 2013 TA298</td>
<td>• Tick box form&lt;br&gt;Notification</td>
</tr>
<tr>
<td>Ranibizumab (Lucentis®)</td>
<td>All other indications</td>
<td></td>
<td>• Individual Funding Requests&lt;br&gt;Prior approval essential</td>
</tr>
<tr>
<td>Pegaptanib</td>
<td>Wet Age related macular degeneration (AMD)</td>
<td>Aug 2008 TA 155 (negative)</td>
<td>• Individual Funding Requests&lt;br&gt;Prior approval essential</td>
</tr>
<tr>
<td>Aflibercept</td>
<td>Wet Age related macular degeneration (AMD)</td>
<td>July 2013 TA 294</td>
<td>• Tick box form&lt;br&gt;Notification</td>
</tr>
<tr>
<td>Aflibercept</td>
<td>Retinal vein occlusion</td>
<td></td>
<td>Once licensed prior to NICE / Prescribing Clinical Network decision&lt;br&gt;Individual Funding Requests&lt;br&gt;Prior approval essential</td>
</tr>
<tr>
<td>Aflibercept</td>
<td>Diabetic macular oedema</td>
<td></td>
<td>Once licensed prior to NICE / Prescribing Clinical Network decision&lt;br&gt;Individual Funding Requests&lt;br&gt;Prior approval essential</td>
</tr>
<tr>
<td>Verteoporfin</td>
<td>Wet Age related macular degeneration (AMD)</td>
<td></td>
<td>• Correspondence with Pharmaceutical Commissioning Team&lt;br&gt;Notification</td>
</tr>
</tbody>
</table>

**BNF category: Ocular diagnostic & peri-operative preparations**

Section 11.8.2 Ocriplasmin

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>Date/TA</th>
<th>Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocriplasmin</td>
<td>Vitreomacular traction</td>
<td>October 2013 TA297</td>
<td>• Tick box form &lt;br&gt;Notification</td>
</tr>
</tbody>
</table>

**BNF category: Drugs Affecting the Immune Response**

Section 10.1.3 and 13.5.3

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>Date/TA</th>
<th>Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ustekinumab</td>
<td>Psoriasis</td>
<td>Sept 2009 TA 180</td>
<td>As per Guildford &amp; Waverley CCG guidelines on use of biologics in psoriasis - Adults only &gt;18 years &lt;br&gt;• Tick box form</td>
</tr>
</tbody>
</table>
### Ustekinumab

- **Psoriatic Arthritis**
  - May 2014
  - TA313 (negative)
  - Individual Funding Requests
  - Prior approval essential

- **Crohn’s Disease**
  - Once licensed prior to NICE / Prescribing Clinical Network decision – Adults only
  - Individual Funding Requests
  - Prior approval essential

### BNF category: Skin Conditions

#### Section 13.5.1 Preparations for eczema & no category

<table>
<thead>
<tr>
<th>Drug/Drug type</th>
<th>Approved Indication</th>
<th>NICE</th>
<th>Guildford &amp; Waverley CCG Management strategy</th>
</tr>
</thead>
</table>
| Afamelanotide (not currently licensed) | Erythropoietic proto-porphyria (EPP) | Aug 2009 TA 177 | To be reviewed by PCN once licence obtained:  
  - Individual Funding Requests  
  - Prior approval essential |
| Alitretinoin | Severe chronic hand eczema refractory to potent corticosteroids |  |  
  - Tick box form  
  - Notification |

#### No BNF category available

- **Dibotemin alfa**  
  - Eptotermin alfa  
  - (RNOH only)
  - Bone Morphogenetic protein (Acute tibial fractures and non-union of long bones)
  - In line with the EoE commissioning policy which was supported by PCN August 2010. NB: Spinal surgery is commissioned by NHS England
  - Tick box form
  - Prior approval essential

### Poisoning: Emergency treatment of poisoning

<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fomepizole</td>
<td>Ethylene glycol poisoning</td>
<td>Use on the recommendation of the National poisons information service</td>
</tr>
<tr>
<td>Digoxin-Specific antibody (DigiFab®)</td>
<td>Digoxin toxicity</td>
<td>Use on the recommendation of National poisons information service</td>
</tr>
<tr>
<td>Devices &amp; Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Insulin pump therapy</strong> (package of care to include pump &amp; consumables)</td>
<td>Type 1 diabetes</td>
<td>July 2008 TA 151</td>
</tr>
<tr>
<td><strong>Continuous Blood Glucose Monitoring with insulin pump</strong></td>
<td>Type 1 diabetes</td>
<td>PCN February 2010</td>
</tr>
</tbody>
</table>

This Appendix is for PbRe drugs that are commissioned via the CCGs. For other PbRe drugs not included within this Appendix please contact specialised commissioning within NHS England.

PCN – Prescribing Clinical Network